



**COUNTY BOROUGH AND
PORT OF PRESTON**

1970

Report on the health of the Borough

**Medical Officer of Health
Principal School Medical Officer
Port Medical Officer**

Annual Report 1970

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SAMPLING BY PORT HEALTH INSPECTOR OF MUSSEL BEDS FOR BACTERIOLOGICAL EXAMINATIONS

Introduction

To the Mayor, Aldermen and Councillors of the County Borough of Preston.

I have the honour to present the Annual Report of the Medical Officer of Health, Principal School Medical Officer and Port Medical Officer on the health of the Borough for the year 1970.

Any Medical Officer of Health would be failing in his duties if he expressed any reticence in drawing attention in his annual report to the deplorable health of his area. Preston County Borough is an area deprived of population and resources by the highly artificial delineation of boundaries. Over half of the natural population lives outside the local authority boundary which is drawn well within the natural geographic limits of the town.

A superficial glance at the demography of the area might suggest a shrinking population of the town. This is not so. Preston is growing and developing beyond the means of the area within the borough boundaries. The benefits of this growth accrue to the surrounding authorities who do little to contribute to the general needs of the area as a whole. To aggravate the situation the exported population is of a younger age structure than the indigenous remnant which suffers the impact of age upon its health to a disproportionate degree.

The remaining population has a morbidity and mortality high above what it should be, high above national norms in every respect. They live in an area of too many slums, large areas of houses with poor amenities, breathing over-contaminated air, drinking water deficient in essential elements and frequently exposed to food which is produced in conditions of poor hygiene.

The domiciliary, social and personal health services are so poorly provided for that they barely touch the fringe of the major problems confronting them. The staff of the social and health services is so low that it is difficult to maintain even the rudimentary essential services.

To aggravate the seriousness of the situation the department has been required in face of the needs for economy in spending to operate on an annual budget often described in figurative speech as a "shoestring".

It is not to be wondered at, that recruitment is difficult and that personnel faced with impending changes of radical reorganisation express anxieties and concern as to their future.

It is clear that the requirements to meet the demands of the personal and environmental services, to remedy their deficiencies and to keep abreast of modern developments are outstripping the abilities of the present system of local government. The council and its committees have shown themselves to be well aware of their problems and responsibilities but are faced with overwhelming political pressures to keep down public spending. A totally different method of financing and administering the health services is essential to improving the health of the community.

With the impending reorganisation of the social services department, the reshaping of local government and the unification of the health services emphasis has been placed on reshaping the services to be adaptable to these changes. Considerable progress has been made in staff training and organisational reappraisal. The concept of the multidisciplinary team in the health and social services field is well developed.

A deprived area

Land starvation

Ageing population

High morbidity and mortality

Environmental circumstances

Domiciliary services

Staff morale

Budget cuts

Financing of the services

Staff structure

I cannot overemphasise the paramount importance of a balanced staff structure designed, planned and trained to match the aims and objectives of the service. An army is not only measured by its officer corps but also by the rank and file. No amount of reorganisation at senior officer level can compensate for a gross depletion of health visitors, social workers, domiciliary nurses, medical ancillaries, home helps and their necessary supportive clerical staff.

Recruitment

Unless the local authority is able to take measures to make employment in the health and social services more attractive staff will continue to drift away. At the present rate, by the time reorganisation of the local authorities and integration of the health services is implemented only a mere skeleton will remain. This is probably the foremost public health problem of today.

Esprit de corps

Despite these gloomy forebodings some measure of recompense may be found in the loyalty and trustworthiness of the whole staff. They consistently endeavour to accomplish a greater work load than can reasonably be expected of them. Despite their limited resources and the degree to which they are overstretched they are providing an admirable service. I would like to place on record my sincere appreciation of their efforts and my hope that the present difficulties will pass and the future will be one of better opportunities to meet a greater challenge than ever before.

C. F. W. FAIRFAX,

Medical Officer of Health.

1970-71 HEALTH AND WELFARE COMMITTEE

Chairman	Councillor A. SMITH.
Vice-Chairman	Councillor W. WILSON.
	Alderman J. HOLDEN.
	Councillor R. E. BUTCHER.
	Councillor Mrs. K. E. CROZIER.
	Councillor Mrs. M. M. BLACKBURN.
	Councillor M. GARDNER.
	Councillor V. HIND.
	Councillor I. BOOTH.
	Councillor T. McEVOY.
	Councillor Mrs. C. SHARPLES.
	Councillor Mrs. J. AINSCOUGH.
	(from September, 1970)

EDUCATION DEVELOPMENT SUB-COMMITTEE

Chairman	Alderman Mrs. R. LYTTON.
Vice-Chairman	Councillor J. HOOD.
	Alderman H. BEAUMONT.
	Alderman Mrs. D. M. DEWHURST.
	Councillor J. ATKINSON.
	Councillor H. PARKER
	Councillor I. BOOTH.
	Councillor Mrs. K. E. CROZIER.
	Councillor Mrs. C. M. ROBINSON.
	Councillor W. WILSON.
Co-opted Members	K. C. BODFISH.
	H. ENGLAND.
	REV. N. B. FISHBURN.
	REV. J. C. H. A. FORDHAM.
	THE VERY REV. MONSIGNOR B. K. O'NEILL.
	J. SMITH, B.A.

WELFARE SUB-COMMITTEE

Chairman	Councillor M. GARDNER.
Vice-Chairman	Councillor V. HIND.
	Councillor Mrs. M. M. BLACKBURN.
	Councillor Mrs. C. SHARPLES.
Co-opted Members	T. NORRIS.
	A. R. GIBBINS.
	Mrs. P. M. MANSLEY.

Functions of: Health and Welfare Committee

1. To consider and take any necessary action for promoting and safeguarding the general health of the community within the Borough including the prevention, notification and treatment of disease.

2. The duties, powers and functions of the Council as the Local Health and Welfare Authority and as the Port Health Authority (18th July, 1968).

3. To be the executive committee for the purposes of the Diseases of Animals Act, 1950, and pursuant to Standing Order 38 authority to appoint a Diseases of Animals Sub-committee.

4. Authority pursuant to Standing Order 38 to appoint a Welfare Sub-committee consisting of members of the Committee, and, if the Committee think fit, persons (not being members of the Council) having special experience in welfare matters and to refer to such Welfare Sub-committee such of the duties, powers and functions which are delegated to the Committee as the Committee may think fit.

5. The duties, powers and functions of the Council under or in relation to the following:—

- (a) the superintendence of the department of the Medical Officer of Health;
- (b) the provision and maintenance of public sanitary conveniences;
- (c) the Public Health Acts and Local Acts, so far as they relate to health and sanitary matters;
- (d) the Rag, Flock and Other Filling Materials Act, 1951, the Fabrics (Misdescription) Act, 1931, the Fertilisers and Feedings Stuffs Act, 1926, the Agricultural Produce (Grading and Marking) Acts, 1928 and 1931, the Agriculture (Safety, Health and Welfare Provisions) Act, 1956;
- (e) Nurses and Midwives;
- (f) Part III of the National Assistance Act, 1948, and Section 5 of the Health Visiting and Social Work (Training) Act, 1962;
- (g) Part IV of the National Assistance Act, 1948, except the registration of charities for disabled persons, Trading Representations (Disabled Persons) Act, 1958;
- (h) the Mental Health Act, 1959;

- (i) the Slaughter of Animals Act, 1958;
- (j) Slaughterhouses Act, 1958;
- (k) the Pharmacy and Poisons Acts, 1852 to 1941;
- (l) Part I (Health General Provisions) and Part VIII (Home Work) of the Factories Act, 1961;
- (m) the Food and Drugs Act, 1955 (except Part III); and Regulations made thereunder;
- (n) the Prevention of Damage by Pests Act, 1949;
- (o) the Rivers Pollution Prevention Acts;
- (p) the Clean Air Acts, 1956 and 1968;
- (q) Section 1 of the Noise Abatement Act, 1960;
- (r) Part I (except Section 24) of the Caravan Sites and Control of Development Act, 1960; and Caravan Sites Act, 1968;
- (s) Nursing Homes;
- (t) the Offices, Shops and Railway Premises Act, 1963 (except Sections 28 to 41);
- (u) the Slaughter of Poultry Act, 1967;
- (v) the sale of pet animals;
- (w) boarding establishment for animals and riding establishments.

Senior Public Health Officers of the Local Authority

Medical Officer of Health and Port Medical Officer	C. F. W. FAIRFAX, M.B., B.S., D.P.H.
Deputy Medical Officer of Health and Deputy Port Medical Officer	J. T. CARROLL, M.B., B.Ch., F.R.C.S., D.R.C.O.G., D.P.H., (commenced 1.7.70—Departmental M.O. and School M.O. until 30.6.70).
Departmental Medical Officers and School Medical Officers ..	K. DOWLING, B.A., M.B., B.Ch. I. M. R. PURDOM, M.B., Ch.B., D.P.H. (Acting Deputy M.O.H. and Deputy Port M.O.H. until 30.6.70). K. K. U. PERERA, M.B., B.S., D.P.H. (commenced 6.7.70). E. ISHERWOOD, M.B., Ch.B. (commenced Part-time 16.3.70, Full-time 3.8.70). *E. FAULKNER, M.B., Ch.B. *I. P. MACKENZIE, M.B., Ch.B., D.P.H. (commenced 24.6.70: terminated 6.8.70).
CLINICIANS UNDERTAKING CONSULTATIVE WORK —	
Consultant Obstetricians ..	W. H. TODD, B.Sc., M.D., F.R.C.O.G. W. A. ROBSON, M.B., Ch.B., F.R.C.O.G.
Consultant Otorhino Larynologists	J. A. KERSLEY, M.B., Ch.B., F.R.C.S., D.L.O. H. WICKHAM, M.B., Ch.B., F.R.C.S.
Consultant Paediatrician ..	A. G. HESLING, M.B., B.Sc., M.R.C.P., D.C.H.
Consultant Orthodontist	F. D. ROWE, L.D.S.
Consultant Anaesthetist	J. A. L. COOPER, M.R.C.S., L.R.C.P.
Assistant in Ophthalmology ..	J. L. BANIK, M.B., B.S., D.O.
Veterinary Officer	F. J. PROCTOR, B.Sc., M.R.C.V.S., D.V.S.M.
Chief Dental Officer	A. KERSHAW, L.D.S.
Senior Dental Officers	A. L. CALLAND, L.D.S. (terminated 31.12.69). *M. BORMAN, L.D.S. *J. L. INGLEBY, L.D.S. (commenced 12.1.70: terminated 11.12.70)

Chief Public Health Inspector	..	E. OWEN, F.A.P.H.I.
Deputy Chief Public Health Inspector	.. .. .	E. WORTH, M.A.P.H.I.
Superintendent Health Visitor	..	Miss E. W. SOWERBY, S.R.N., S.C.M., H.V. Cert.
Superintendent of District and Non-Medical Supervisor of Midwives	..	Miss M. HADFIELD, S.R.N., S.C.M., M.T.D.
Superintendent District Nurse	..	Miss M. MORGAN, S.R.N., S.C.M., Q.N., H.V. Cert.
Deputy Superintendent Health Visitor and Deputy Superintendent of Day Nurseries	.. .. .	Miss E. M. BOND, S.R.N., S.C.M., H.V.Cert. (retired 18.8.70) Miss M. E. MILLS, S.R.N., S.C.M., H.V.Cert. (commenced 1.10.70)
Home Help Organiser	.. ..	Mrs. J. MORTIMER (commenced 1.1.70)
Speech Therapist	.. ..	Vacant
Radiological Protection Officer	..	Mr. J. DONNOLLY, B.Sc.
Physiotherapist	.. ..	*Mrs. ROEVES (terminated 16.1.70)
Health Education Officer	.. ..	C. J. NELSON.
Chief Administrative Assistant	..	J. R. STALKER.

* *Part-time staff.*

Establishment

It is becoming normal to report annually on an acute shortage of professional staff, and the pattern prevailed during 1970.

However, for the first time for a number of years the establishment of departmental medical officers was almost complete with the employment of four full-time and one part-time officer. Dr. Purdom, one of the Departmental Medical Officers was Acting Deputy Medical Officer of Health until 1st July, 1970. On that date, Dr. Carroll, one of the Departmental Medical Officers, who had successfully obtained his D.P.H. after being seconded to the Liverpool course took up the appointment of Deputy Medical Officer of Health.

The dental staff was sadly depleted. The establishment of Chief Dental Officer and four Dental Officers in reality consisted of the Chief Dental Officer and two part-time Dental Officers, a situation which has remained unchanged for many years. Although regular advertisements are inserted in the appropriate journals these meet without success.

With monotonous regularity, the story is repeated in respect of physiotherapists and speech therapists. There is an establishment of five physiotherapists and two speech therapists. We continue to advertise in an attempt to fill the vacancies. Futile advertisements, as the posts remain vacant.

There are tremendous demands on the home nursing service, a total of 85,168 visits being paid during the year under review. At times it is impossible to meet demands fully, although nursing auxiliaries are being employed on a part-time basis to offset the unfilled vacancies in the district nurse establishment.

The chronic shortage of health visitors continues, and seems likely to do so. The establishment consists of a Superintendent Health Visitor, her Deputy, 34 health visitors and four students. Miss Bond, the Deputy Superintendent Health Visitor, who had been with the Department since 1938 retired on the 18th August, 1970, and was replaced by Miss M. E. Mills. Due to the shortage of qualified health visitors 22 full-time and four part-time health visitors are assisted by four full-time and six part-time clinic nurses. Only two students were appointed for secondment for training, instead of the approved establishment of four, an unfortunate situation, as of late this scheme has provided our only chance of obtaining health visitors.

The midwifery establishment consists of a Supervisor of Midwives and ten midwives. No particular difficulties have been encountered in the recruitment of midwives for a number of years and we have managed to maintain the establishment.

Some 49 staff are employed in the day nurseries, and generally speaking vacancies are readily filled, mainly through the successful nursery student scheme.

The O. & M. review of the Public Health Inspectorate was completed during the year.

In the past Technical Assistants have been used mainly on visits in connection with smoke control areas, but it was felt that there were other aspects of the work of the section in which Technical Assistants could be used to relieve qualified public health inspectors. The O. & M. team considered Technical Assistants could be employed efficiently on visits to premises entailing inspections to ascertain work

done, e.g. on structural alterations, visits and preparation of sketch plans in relation to house improvements and improvement areas generally, general surveys involving the classification of premises and other duties directed by the Inspectorate staff. It was, therefore, proposed that two permanent Technical Assistants should be appointed.

Many of the complaints received in the section which were passed to the district public health inspectors were in relation to "pests", i.e. rats, mice, insects, pigeons and so on. This type of complaint has increased over the years, and in 1969 no fewer than one in every two complaints were in relation to pests. It was suggested, therefore, that the considerable time and effort expended by the district inspectors in the investigation of such complaints could be reduced by the appointment of a Pest Control Officer. All such complaints are now referred directly to this officer for initial investigation, and after confirmation the matter is passed, with instructions, to the rodent operatives or disinfectors.

The course of study for the Public Health Inspectors Education Board's Diploma normally takes four years. The number of students on the establishment was four, but the O. & M. team felt that the Corporation was extremely unlikely to benefit by appointing a student each year and so turning out annually one qualified inspector. It was accordingly suggested that the establishment of students should be reduced by one post, which meant that every fourth year no recruitment would take place.

As a consequence of the O. & M. review, the following establishment of the public health inspectorate establishment was proposed:—

Chief Public Health Inspector, Deputy Chief Public Health Inspector, Two Housing Inspectors, Port Health Inspector, Sampling Officer, Smoke Control Officer, Pest Control Officer, Chief Meat Inspector, Senior Meat Inspector, Meat Inspector, Senior District Inspector, four District Inspectors, three Students and two Technical Assistants.

A full establishment has been maintained during the year under review.

The Veterinary Officer, Mr. Proctor, has held the post since 1947. The majority of his time is spent on meat inspection at the local authority's abattoir and a privately owned one in the town, but a portion of his duties entails regular visits to places where meat is handled, e.g. wholesalers, docks and shops.

My 1970 Annual Report will be the last to include detailed reports on the welfare, home help and mental health services, day nurseries, child minders and playgroups. As a result of the Local Authority Social Services Act, 1970 these services will become the responsibility of the Social Services Committee on the 1st April, 1971. Appropriate members of the staff of the Health Department will be transferred to a new department, which will be known as the Social Services Department, and under the direction of the Director of Social Services. Close liaison will be maintained between the two departments.

The staff of the Junior Training Centre, at present consisting of one Supervisor/Teacher, five Supervisor/Teachers and one Student, will, on the 1st April, 1971, become members of the Education Department, following the transfer of the Junior Training Centre to the Education Committee.

Statistics and Social Conditions of the area during 1970

Population

The estimated mid-year population of 100,140 continued the downward trend, due no doubt to the movement of persons to the immediate surrounding areas of the town. Table 5 illustrates this trend which has been evident for the past twenty years.

Births

One thousand seven hundred and seventy-six babies were born to Preston mothers during the year, giving a live birth rate of 17.5 (adjusted) a rate slightly higher than that of 1969, and higher than the 16.0 for England and Wales.

Deaths

The total number of deaths referable to Preston is 1,322 a reduction of 112 from that of the previous year, giving a rate of 13.7. The England and Wales rate being 11.7.

The major causes of death were once again heart, cerebro-vascular and malignant disease.

Heart Disease. Almost 25% of the total deaths were due to heart conditions, 204 men and 170 women, over 30 of whom died before reaching their 54th birthday.

Cerebro-vascular Disease. 96 males and 127 females died during the year, this shows a reduction of 61 from that in 1969.

Malignant Disease. 74 persons died from lung cancer, 63 being men. Whilst this is a reduction from those dying last year, the appalling loss of life could certainly be dramatically reduced if only the public would take heed of the dangers of smoking.

Seventeen women died from carcinoma of the breast whilst nine died from malignancy of the uterus. This is a pleasing reduction from 23 and 25 respectively in 1969. It may well be that the Screening Procedures adopted for these conditions are now showing what can be done.

The total number who died from malignant disease during the year under review was 268.

Other deaths:

Bronchitis. 90 persons died from this condition.

Suicide. It is sad to see that 11 persons took their own lives, seven of whom were men. Poisoning being the most common method used.

Accidents. 18 persons lost their lives due to motor vehicle accidents, seven before they reached their 24th birthday. Other accidents took a heavier toll when 15 men and 17 women died. Falls at home accounted for ten of these deaths.

Infant Deaths

The figure of 46 infants deaths gives an infant mortality rate of 26 which compares unfavourably with that of 18 for England and Wales. Of these 46 infants, 28 did not survive the first week of life.

Although there was a dramatic fall in stillbirths to 29 the perinatal mortality rate of 32 is much worse than the 23 for England and Wales.

Yet again extensive investigations have been carried out and the following brief case histories will highlight some of the problems.

A great deal more needs to be done in this field of preventive medicine to find a way of reducing this dreadful loss of life.

Child 8 months—cause of death: Influenzal pneumonitis

Born in hospital, did not attend after 22 weeks of pregnancy. After birth, standard of child care only fair. Infant was fed at 3.0 a.m., which was taken well but not looked at again until 1.30 p.m. when found to be dead and quite cold.

Child 2 months — cause of death: Virus pneumonia

Did not attend Ante-natal clinic until 28 weeks. Onset of cold when medicine prescribed by general practitioner. Infant nursed in living room in pram throughout night, General Practitioner called at 8-0 a.m., arrived 8-15 a.m., ambulance called at 8-30 a.m. Mouth to mouth respiration given but infant thought to be dead before leaving home for hospital.

**Child 5½ months — cause of death (a) Acute anoxia; (b) Virus pneumonia
natural causes (Inquest)**

Mother, aged 17, had required psychiatric treatment in 1968. On account of mothers' puerperal depression mother and infant were transferred to Whittingham Hospital mother and baby unit for three weeks. Mother continuing to require education. Grandmother willing to supervise mothers' care of her infant. Health visitor called regularly two to three times a month. Infant seen by D.M.O. 4/6/70 mother was reporting infant had attacks of blue lips and bloodstained vomiting. No abnormality on examination but infant to be observed. Infant last seen by health visitor 1/7/70 mother reported another attack of blue lips and little vomiting just before health visitors visit. Mother promised to consult G.P. Infant did not take feeds well although last feed at 10 p.m. was said to be normal. G.P. not contacted. On 2/7/70 mother observed infant at 6-45 a.m. and thought he was sleeping. Grandmother saw him at 8 a.m. and considered he was dead. The body was still warm.

**Child 16 weeks — cause of death (a) Asphyxia (b) Regurgitation of milk feed
misadventure**

Mother neurotic personality and has had treatment from G.P. for "nerves". Had four children, two of whom have been adopted. Was a regular attender at hospital ante-natal clinic but was considered for termination of pregnancy on psychiatric grounds in the early months. Undiagnosed twins. First born—never breast fed and slow feeder at first. At approximately six weeks seen at hospital by doctor because of cough with vomiting of a little blood. Upper resp. inf. diagnosed and nasal drops prescribed.

On date of death child appeared healthier took normal bottle feed at 8 a.m. was winded and put back in pram. Father heard a noise went immediately to pram to find infant collapsed. He gave the kiss of life with no response and G.P. was called in.

**Child 4 months — cause of death : Asphyxia due to inhaled vomit
misadventure (Inquest).**

Attended C. W. C. regularly but not seen by medical officer (adequate cover not possible at this time). Infant gained weight consistently but health visitor noted that parents were concerned because infant tended to vomit large amounts some minutes after each feed. During week prior, G.P. was consulted but N.A.D. and again one or two days before death.

At 11.0 p.m. infant given milk feed and put down in cot next to parents bed. Seen awake at 2-0 a.m. Found dead by father at 7-0 a.m. There was vomitus on sheets.

**Child 3 months — cause of death (a) Asphyxia due to (b) regurgitation of food
(2) Respiratory Infection.**

Frequent vomiting during first week. Thereafter normal feeding and progress. Mixed feeding introduced about one week before death. Fed at 1-30 a.m. Observed at 5-0 a.m. and again at 8-0 a.m. and condition appeared normal to mother who then went back to bed. Awoke at 11-30 a.m. to find infant dead in cot.

**Child 3 months — cause of death (a) Asphyxia due to inhalation of vomit —
misadventure.**

Mother did not attend A.N.C. until approximately one month before birth. Had elective lower segment caesarean section. Infant bottle fed and attended C.W.C. regularly. Progress normal. On date of death parents awoke 8-0 a.m. to find infant a very poor colour and hardly breathing. Had vomited in cot, G.P. called immediately but infant was dead when he arrived.

**Child 3½ months — cause of death (a) Asphyxia due to smothering in cot at home —
misadventure (Inquest).**

Parents married subsequent to infants death. There are seven other children in house — three to previous marriage of father, four to previous marriage of mother. Home conditions and standard of mothercraft reported as good. Child made excellent progress, did not attend C.W. clinic.

Infant became ill and mother took her to surgery two days later where treatment was given for ear infection. Appeared better next day and took small bottle feeds. Infant left in pram in living room at night to be found dead in morning by father.

Child 6½ months — cause of death (a) Infective hepatitis — Inquest.

Admitted to hospital in labour. Fundus reported as 37 weeks. There was history of cyanotic attacks while infant in P.B.U.

Two days before death infant had a slight cold but was taking feeds normally, toddler overbalanced pram with resulting bruising to the infant's right temple. Infant appeared well. The next day infant sounded chesty but took feeds normally — was last fed at 2-0 a.m., settled after two hours. At 10-0 a.m. when mother looked at her she thought infant was asleep. At 11-5 a.m. health visitor called and found infant dead and lying with face on one side of a "smother proof" pillow.

Note : Five days before death G.P. had visited and prescribed for other members of family for influenza. Mother was told that if symptoms developed infant could have some medicine but this was not given.

Table 1.
Vital Statistics.

		Local Authority Area			England and Wales (Total)
		Males	Females	Total	
Estimated mid-year home population		...	...	100,140	48,987,700
Live Births	Total	929	847	1,776	784,482
	Legitimate	808	732	1,540	719,738
	Illegitimate	121	115	236	64,744
Stillbirths	Total	13	16	29	10,341
	Legitimate	13	13	26	9,297
	Illegitimate	—	3	3	1,044
Total Live and Stillbirths	Total	942	863	1,805	794,823
	Legitimate	821	745	1,566	729,035
	Illegitimate	121	118	239	65,788
Deaths of Infants					
under 1 year of age	Total	24	22	46	14,269
	Legitimate	21	18	39	12,592
	Illegitimate	3	4	7	1,677
under 4 weeks of age	Total	16	12	28	9,663
	Legitimate	14	10	24	8,548
	Illegitimate	2	2	4	1,115
under 1 week of age	Total	16	12	28	8,328
	Legitimate	14	10	24	7,343
	Illegitimate	2	2	4	985
Deaths — all ages		692	630	1,322	575,208

Table 1—continued.
Vital Statistics.

	Local Authority Area	England and Wales
Estimated mid-year home population	100,140	48,987,700
Live Birth Rates, etc.		
Live births per 1,000 home population (crude rate) ...	17.7	16.0
Area comparability factor	.99	1.00
Local adjusted rate	17.5	16.0
Ratio of local adjusted rate to national rate ...	1.10	1.00
Illegitimate live births as percentage of all live births ...	13	8
Stillbirth Rate		
Stillbirths per 1,000 total live and stillbirths	16	13
Infant Mortality Rates		
Deaths under 1 year per 1,000 live births	26	18
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	25	17
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births... ..	30	26
Neonatal mortality rate		
Deaths under 4 weeks per 1,000 live births	16	12
Early neonatal mortality rate		
Deaths under 1 week per 1,000 total live births	16	11
Perinatal mortality rate		
Stillbirths and Deaths under 1 week combined, per 1,000 total live and stillbirths	32	23
Deaths Rates, etc.— all ages		
Deaths per 1,000 home population (crude rate)	13.2	11.7
Area comparability factor	1.04	1.00
Local adjusted rate	13.7	11.7
Ratio of local adjusted rate to national rate	1.17	1.00

Table 2.
Comparative Statement of Vital Statistics.
1970.

	Birth Rate	Death Rate	Infant Mortality Rate	Stillbirth Rate (per 1,000 live and stillbirths)	Perinatal Mortality Rate	Maternal Mortality Rate per 1,000 (Total Live and stillbirths)		
						Maternal causes excluding abortion	Due to abortion	Total maternal mortality
England and Wales (provisional)	16.0	11.7	18	13	23	0.14	0.04	0.18
Birkenhead ..	17.9	12.2	29	18	39	1	—	1
Burnley	16.28	15.43	32.88	14.23	33.20	—	—	—
Bury	17.73	12.96	25.96	9.95	20.72	—	—	—
Halifax	17.7	14.7	24	17	26	—	0.59	0.59
Liverpool ..	16	12.1	21.1	16	27.2	0.277	—	0.277
Manchester ..	15.96	12.57	23.36	15.37	30	—	0.11	0.11
Oldham	18.06	14.97	27.14	15.13	32.78	—	—	—
PRESTON ..	17.7	13.2	26	16	32	0.55	—	0.55
Rochdale ..	19.1	14.00	27.4	15.2	33.7	—	—	—
St. Helens ..	18.8	12.9	27.9	24.2	40	—	—	—
Stockport ..	16.8	13.8	25	15	29	—	—	—
Wallasey ..	16.3	13.6	18	17	31	0.60	—	0.60
Wigan	19.9	13.7	19	17	27	—	—	—

Table 3.
Number of Births registered in the various wards.

Ward					Estimated Population	Births	Rate per 1,000 population
Ashton	...	...	...	...	8,294	144	17.36
Avenham	...	...	...	...	7,579	173	22.83
Central	...	...	...	...	5,634	127	22.54
Deepdale	...	...	...	...	9,808	131	13.36
Fishwick	...	...	...	...	8,249	167	20.24
Moorbrook	...	...	...	...	7,747	134	17.30
Park	...	...	...	...	4,242	72	16.97
Ribbleton	...	...	...	...	13,675	255	18.65
St. John's	...	...	...	...	7,997	138	17.26
St. Matthew's	...	...	...	...	8,595	189	21.99
Savick	...	...	...	...	10,398	124	11.93
Tulketh	...	...	...	...	7,922	122	15.40
Total					100,140	1,776	

Table 4.
Causes of Death — arranged according to sex and age.

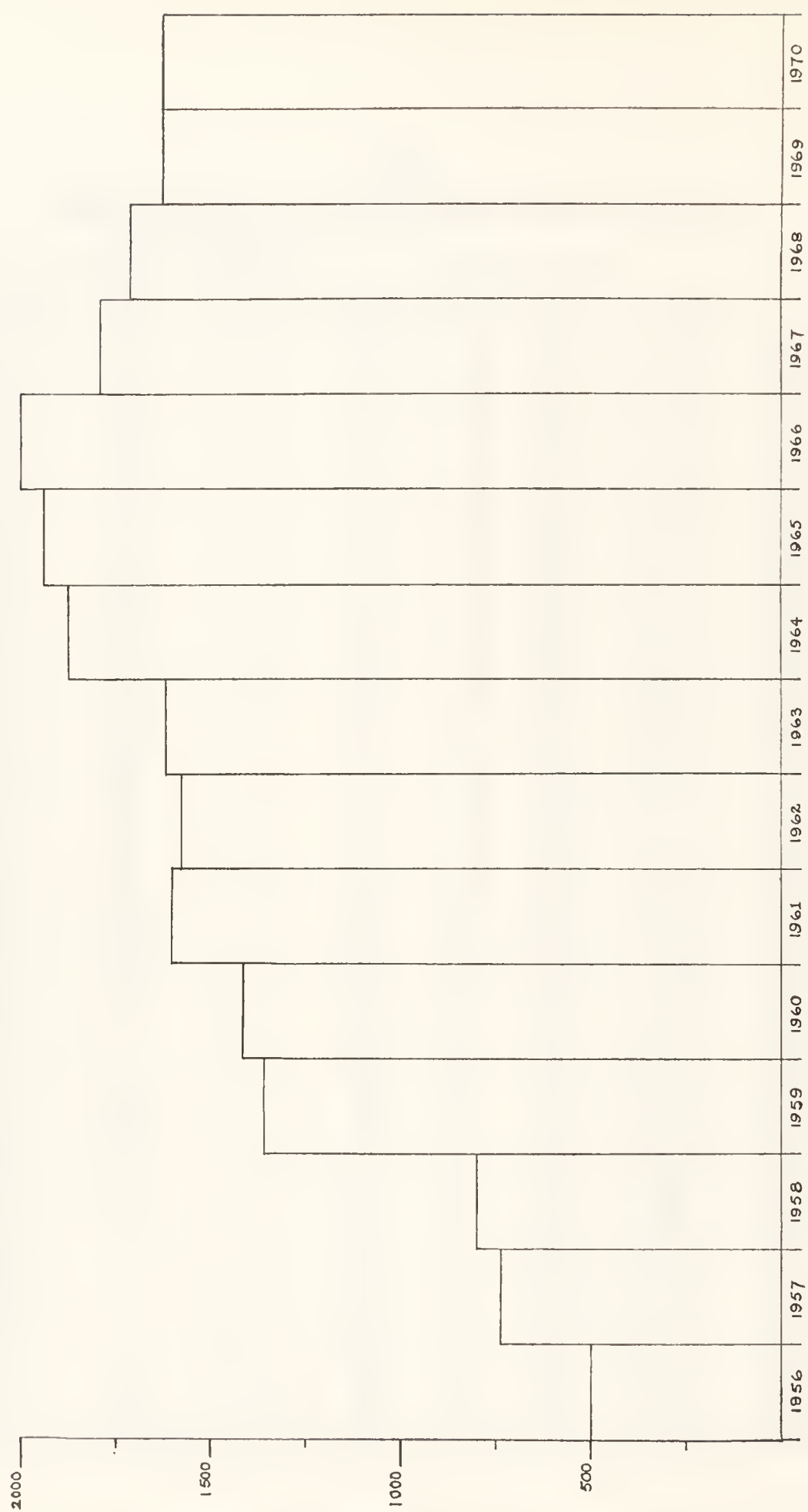
Cause of death	Sex	All Ages	Under 4 wks.	4 wks. and under 1 yr.	Age in years									
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over	
1. Enteritis and other diarrhoeal diseases ...	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	1	—	—	—	—	—	—	—	—	—	
2. Late effects of respiratory tuberculosis ...	M	1	—	—	—	—	—	—	—	—	—	1	—	
	F	1	—	—	—	—	—	1	—	—	—	—	—	
3. Other infective and parasitic diseases ...	M	1	—	—	—	—	—	—	—	—	—	—	1	
	F	3	—	1	—	—	—	—	—	—	—	—	2	
4. Malignant neoplasm, buccal cavity, etc.	M	4	—	—	—	—	—	—	—	—	2	2	—	
	F	2	—	—	—	—	—	—	—	—	1	—	1	
5. Malignant neoplasm, oesophagus ...	M	7	—	—	—	—	—	—	—	—	1	4	2	
	F	3	—	—	—	—	1	—	—	—	—	1	1	
6. Malignant neoplasm, stomach ...	M	21	—	—	—	—	—	—	—	4	4	6	7	
	F	6	—	—	—	—	—	—	—	—	4	1	1	
7. Malignant Neoplasm, Intestine ...	M	18	—	—	—	—	—	—	—	2	6	7	3	
	F	24	—	—	—	—	—	—	—	1	6	12	5	
8. Malignant Neoplasm, Larynx ...	M	2	—	—	—	—	—	—	—	—	—	1	1	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
9. Malignant neoplasm, lung, bronchus ...	M	63	—	—	—	—	—	1	—	8	22	25	7	
	F	11	—	—	—	—	—	—	—	8	1	1	1	
10. Malignant neoplasm, breast ...	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	17	—	—	—	—	—	—	2	3	5	3	4	
11. Malignant neoplasm, uterus ...	F	9	—	—	—	—	—	—	—	2	4	2	1	
12. Malignant neoplasm, prostate ...	M	5	—	—	—	—	—	—	—	—	1	2	2	
13. Leukaemia ...	M	2	—	—	—	—	—	—	1	—	—	—	1	
	F	2	—	—	—	—	—	—	—	1	—	—	1	
14. Other malignant neoplasms ...	M	32	—	—	—	—	—	—	1	4	8	15	3	
	F	39	—	—	—	—	—	1	—	4	11	13	10	
15. Diabetes Mellitus ...	M	6	—	—	—	—	—	1	1	—	—	2	2	
	F	10	—	—	—	—	—	—	2	—	2	2	4	
16. Avitaminoses, etc. ...	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	—	—	—	1	
17. Other Endocrine, etc. diseases ...	M	1	—	—	—	—	—	—	—	—	—	1	—	
	F	3	—	—	—	—	—	—	—	1	—	1	—	
18. Anaemias ...	M	4	—	—	—	—	—	—	—	—	1	1	2	
	F	2	—	—	—	—	—	—	—	—	—	1	—	
19. Mental disorders ...	M	1	—	—	—	—	—	—	—	—	—	—	1	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
20. Meningitis ...	M	1	—	—	—	—	—	—	—	—	1	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	
21. Multiple sclerosis ...	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	1	—	—	—	—	
22. Other diseases of nervous system, etc. ...	M	5	—	—	—	—	—	—	—	—	—	3	1	
	F	1	—	—	—	—	—	—	1	—	—	—	—	
23. Chronic rheumatic heart disease ...	M	3	—	—	—	—	—	—	—	1	—	1	1	
	F	14	—	—	—	—	—	—	—	2	4	5	3	
24. Hypertensive disease ...	M	12	—	—	—	—	—	—	—	1	2	5	4	
	F	11	—	—	—	—	—	—	—	—	—	7	4	
25. Ischaemic heart disease ...	M	180	—	—	—	—	—	—	2	22	54	56	46	
	F	143	—	—	—	—	—	—	—	6	21	33	83	
26. Other forms of heart disease ...	M	24	—	—	—	—	—	—	—	1	4	8	11	
	F	27	—	—	—	—	—	—	—	—	2	3	21	
27. Cerebrovascular disease ...	M	69	—	—	—	—	—	1	—	7	9	30	22	
	F	103	—	—	—	—	—	—	—	5	13	23	62	

Cause of death	Sex	All Ages	Under 4 wks.	4 wks. and under 1 yr.	Age in years										
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over		
28. Other diseases of circulatory system ...	M	27	—	—	—	—	—	—	—	—	—	3	9	9	6
	F	24	—	—	—	—	—	—	—	—	—	1	2	4	17
29. Influenza ...	M	15	—	1	—	—	—	—	—	—	—	1	3	8	2
	F	18	—	—	—	—	—	—	—	—	—	—	2	8	8
30. Pneumonia ...	M	26	—	2	—	—	1	—	1	—	—	5	9	8	8
	F	46	—	2	—	3	—	—	—	1	5	11	24	—	—
31. Bronchitis and emphysema ...	M	66	—	—	—	—	—	—	—	6	16	32	12	—	—
	F	24	—	—	—	—	—	—	—	—	4	9	11	—	—
32. Asthma ...	M	1	—	—	—	—	—	—	—	—	—	—	1	—	—
	F	2	—	—	—	—	—	—	—	—	—	1	—	—	—
33. Other diseases of respiratory system ...	M	8	—	—	—	—	—	—	—	—	1	1	5	1	—
	F	4	—	—	1	—	—	—	—	—	—	—	—	2	—
34. Peptic Ulcer ...	M	7	—	—	—	—	—	—	—	—	—	—	3	4	—
	F	3	—	—	—	—	—	—	—	—	—	—	—	—	3
35. Appendicitis ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	1	—	—	—	—	—	—	—	—	—
36. Intestinal obstruction and hernia ...	M	2	1	—	—	—	—	—	—	—	—	—	—	1	—
	F	2	—	—	—	—	—	—	—	—	—	—	—	—	2
37. Cirrhosis of liver ...	M	1	—	—	—	—	—	—	—	—	—	1	—	—	—
	F	4	—	—	—	1	—	—	—	—	—	1	1	1	1
38. Other diseases of digestive system ...	M	6	1	—	—	—	—	—	—	—	—	1	—	4	—
	F	7	—	—	—	—	—	—	—	—	—	—	1	—	6
39. Nephritis and Nephrosis ...	M	7	—	—	—	—	—	—	—	—	—	1	2	1	2
	F	4	—	—	—	—	—	—	—	—	—	—	—	—	3
40. Hyperplasia of prostate ...	M	1	—	—	—	—	—	—	—	—	—	—	—	—	1
41. Other diseases, genito-urinary system ...	M	3	—	—	—	—	—	—	—	—	—	—	—	1	2
	F	2	—	—	—	—	—	—	—	—	—	—	—	—	2
42. Other complications pregnancy, etc. ...	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—
43. Diseases of skin, subcutaneous tissue ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	1
44. Diseases of Musculo-skeletal system ...	M	1	—	—	—	—	—	—	—	—	—	—	1	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—	1
45. Congenital anomalies ...	M	11	4	3	2	—	—	—	—	—	—	2	—	—	—
	F	7	3	2	—	—	—	—	—	—	—	—	1	—	—
46. Birth injury, difficult labour, etc. ...	M	4	4	—	—	—	—	—	—	—	—	—	—	—	—
	F	6	6	—	—	—	—	—	—	—	—	—	—	—	—
47. Other causes of perinatal mortality ...	M	6	6	—	—	—	—	—	—	—	—	—	—	—	—
	F	3	3	—	—	—	—	—	—	—	—	—	—	—	—
48. Symptoms and ill defined conditions ...	M	1	—	—	—	—	—	—	—	—	—	1	—	—	—
	F	8	—	—	—	—	—	—	—	—	—	—	1	2	5
49. Motor vehicle accidents ...	M	14	—	—	1	1	5	—	2	2	—	—	2	2	1
	F	5	—	—											

Table 5.
Comparative Annual Numbers and Rates of Births and Deaths.

Year	Population	No. of Births	Rate per 1,000 Living	No. of Infant Deaths	Infant Mortality	Maternal Mortality		Rate per 1,000 Births	Total No. of Deaths	Rate per 1,000 Living
						Diseases and Accidents P.F.	Others			
*1900-04	115,048	3,375	29.34	664	197	5	12	5.04	2,178	18.93
*1905-09	117,106	3,207	27.39	516	161	3	11	4.37	1,934	16.51
*1910-14	118,137	2,804	23.73	423	151	2	10	4.28	1,926	16.30
*1915-19	119,497	2,174	18.19	268	123	3	5	3.68	1,845	15.44
1920	122,133	2,984	24.43	301	101	9	13	7.37	1,659	13.60
1	119,900	2,811	23.44	316	112	7	8	5.34	1,595	13.30
2	120,900	2,482	20.53	242	97	3	9	4.83	1,662	13.75
3	121,700	2,426	19.11	238	98	3	8	4.54	1,676	13.77
4	123,100	2,328	18.91	225	97	5	8	5.58	1,714	13.92
5	122,900	2,174	17.69	286	131	6	7	3.22	1,787	14.54
6	124,200	2,160	17.39	195	90	8	9	7.87	1,596	12.85
7	127,100	1,892	14.88	206	109	3	6	4.77	1,785	14.04
8	127,100	1,916	15.07	175	91	3	9	6.27	1,614	12.69
9	126,100	1,967	15.60	205	104	4	8	6.10	1,772	14.05
1930	126,100	1,975	15.66	145	73	9	4	6.59	1,554	12.24
1	120,100	1,881	15.66	165	88	5	5	5.32	1,661	13.83
2	118,500	1,764	14.89	149	84	4	6	5.67	1,547	13.05
3	117,800	1,720	14.60	150	87	4	3	4.07	1,577	13.39
4	117,490	1,670	14.24	115	69	6	14	11.97	1,611	13.79
5	116,200	1,742	14.99	140	80	3	5	4.59	1,578	13.49
6	115,200	1,663	14.43	138	83	7	8	8.60	1,624	14.43
7	113,600	1,590	14.00	123	77	2	2	2.40	1,614	14.23
8	113,200	1,766	15.60	125	71	3	—	1.62	1,473	13.01
9	112,800	1,713	15.19	100	58	2	4	3.34	1,535	13.61
1940	108,500	1,711	15.77	157	91	2	10	7.03	1,745	13.88
1	111,490	1,925	17.27	137	71	3	4	3.47	1,543	13.84
2	110,000	1,968	17.89	107	54	2	4	2.94	1,506	13.69
3	109,100	1,952	17.89	132	68	2	2	1.98	1,624	14.89
4	108,190	2,032	18.78	120	59	—	1	0.48	1,386	12.81
5	108,480	1,949	17.97	99	51	1	—	0.51	1,514	13.96
6	114,070	2,380	20.86	134	56	—	4	1.68	1,438	12.61
7	116,520	2,574	22.09	178	69	1	—	0.32	1,578	13.54
8	118,130	2,219	18.78	86	39	1	—	0.44	1,491	12.62
9	119,500	2,170	18.16	94	43	1	—	0.45	1,469	12.29
1950	120,300	2,101	17.46	68	32	—	—	—	1,550	12.88
1	118,100	1,962	16.61	68	35	—	3	1.49	1,816	15.38
2	119,200	1,960	16.44	63	32	—	—	—	1,453	12.19
3	118,900	1,914	16.10	63	33	—	4	2.04	1,354	11.39
4	118,400	1,823	15.40	50	27	—	1	0.54	1,407	11.88
5	117,400	1,832	15.60	53	29	—	2	1.07	1,459	12.43
6	117,200	1,843	15.73	55	30	—	1	0.53	1,449	12.36
7	116,200	1,933	16.64	67	35	—	2	1.01	1,445	12.44
8	115,100	1,864	16.19	58	31	—	—	—	1,457	12.66
9	114,200	1,964	17.20	63	32	—	2	1.00	1,409	12.34
1960	113,460	2,023	17.83	64	32	—	1	0.49	1,448	12.76
1	113,170	2,037	17.99	69	34	—	—	—	1,506	13.31
2	112,130	2,210	19.71	64	29	—	—	—	1,421	12.67
3	111,670	2,070	18.54	57	27	—	—	—	1,432	12.82
4	110,390	2,152	19.49	53	25	—	—	—	1,370	12.41
5	109,030	2,031	18.63	51	25	—	—	—	1,338	12.27
6	107,400	1,956	18.21	46	23	—	—	—	1,389	12.93
7	106,010	1,865	17.59	48	26	—	2	1.05	1,285	12.12
8	103,600	1,860	17.95	48	26	—	1	0.53	1,353	13.06
9	102,100	1,772	17.20	44	25	—	—	—	1,434	14.40
1970	100,140	1,776	17.05	46	26	—	1	0.55	1,322	13.07

ROAD TRAFFIC CASUALTIES TREATED AT PRESTON ROYAL INFIRMARY 1956-1970



The catchment area extends well beyond the areas of Preston County Borough. The figures for the Borough would be approximately 1/3 of those illustrated.

DEPARTMENT OF EMPLOYMENT

I am grateful to Mr. F. J. Ford, Manager of the Preston Department of Employment and Productivity for the following information:—

Employment Situation

The percentage rate of unemployment for the Preston travel-to-work area (comprising Preston, Chorley, Bamber Bridge and Leyland) at December, 1970, was 2.2% compared with 2.8% for the North Western Region and 2.7% nationally, the rate for December, 1969, was 1.9%.

In 1970 unemployment was slightly higher and the number of vacancies remaining unfilled lower than in the preceding year.

Employment opportunities for women, however, remained good, but for men the position was more difficult. There was no large scale recruitment of labour by either existing firms or new firms coming to Preston.

There were further redundancies in cotton, motor vehicle manufacturing, leather good manufacturing and engineering. All redundant workers were offered the full range of the Department's services and many were found new employment as a result.

Employment Services

Six thousand three hundred and ninety-six persons were placed in employment by the Preston Employment Exchange service, filling 4,515 industrial vacancies, 1,453 commercial, 68 nursing and 360 senior posts at a professional or executive level.

There has been a further increase in the field of occupational guidance, 1,079 interviews being conducted during 1970 at the Preston Occupational Guidance Unit. Also during the year the department's Preston Disablement Resettlement Officers placed 432 persons in work, and arranged Industrial Rehabilitation or Vocational Training courses for 31 other persons. The D.R.O's. continued to make regular and frequent visits to local hospitals and developed their various contacts with local authority welfare departments and voluntary organisations concerned with disabled persons.

The Nursing Employment Officer continued to assist in the recruitment of nursing staff for hospitals in the area and to interview and advise on the employment problems of nursing staff as required.

Following the successful venture of 1969, a further week-long employment campaign was held when a mobile office was set up on the Flag Market to draw attention to the many women's vacancies which existed. The result was that 79 women were placed in either full or part-time employment.

General

Administration of the Redundancy Payments Act and the Selective Employment Payments Act over a wide area of Lancashire continues to be centralised on the Preston Employment Exchange. Officers are available to visit and advise employers on all matters concerned with these Acts.

The Department's Local Advisory Committees met throughout the year. The Local Employment Committee (Chairman Mr. A. Cunliffe) considered and advised on various aspects of employment and training; the Disablement Advisory Committee (Chairman Mrs. M. S. Lyons, J.P.) met and advised on problems concerning the resettlement of the disabled.

The following Table shows the monthly Preston unemployed register figures for 1970. The percentage rate quoted is for the travel-to-work area.

<i>Date</i>	<i>Men</i>	<i>Boys</i>	<i>Women</i>	<i>Girls</i>	<i>Total</i>	<i>Temporarily Stopped</i>	<i>%</i>
12/1/70	1,759	67	192	20	2,038	20	2.0
9/2/70	1,780	54	220	17	2,071	36	2.1
9/3/70	1,804	47	218	21	2,090	30	2.1
13/4/70	1,818	75	205	30	2,128	6	2.1
11/5/70	1,786	52	160	19	2,017	6	2.0
8/6/70	1,595	55	172	22	1,844	6	1.9
13/7/70	1,831	67	326	21	2,255	54	2.2
10/8/70	1,897	143	277	43	2,360	9	2.4
14/9/70	1,830	106	236	35	2,207	5	2.3
12/10/70	1,723	83	214	30	2,050	11	2.1
9/11/70	1,651	68	192	24	1,935	14	2.0
7/12/70	1,696	66	191	25	1,978	9	2.2

Mr. Richardson, the Youth Employment Officer, has supplied the following information:

**Number of Young Persons registered as wholly unemployed on
the Second Monday of each month during 1970**

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
January	..	..	49	17	66
February	..	..	36	11	47
March	..	..	40	15	55
April	..	..	60	27	87
May	..	..	45	16	61
June	..	..	49	19	68
July	..	..	55	19	74
August	..	..	126	36	162
September		..	83	19	102
October	..	..	56	18	74
November		..	52	17	69
December	..	..	55	19	74

Personal Health Services

THE MIDWIFERY SERVICE

Training

The domiciliary midwifery service continues to function as a Part II Midwifery Training School.

Student midwives have been accepted from Sharoe Green Hospital, Preston and the Christiana Hartley Maternity Hospital, Southport.

The school offers six student places and 24 nurses can be accepted annually. Residential accommodation and study facilities are provided in a students' hostel which is in the charge of a resident housekeeper.

The Non-Medical Supervisor of Midwives and seven domiciliary midwives are approved by the Central Midwives Board as district teachers.

During 1970 17 students completed training. 16 were successful in the Part II examination and five were in training at the end of the year, seven of the total number were overseas students.

Obstetric nurse students from Sharoe Green Hospital spend two and a half days of the training period with the domiciliary midwives. 12 nurses came out during the year.

Student midwives attend departmental in service training sessions and follow a comprehensive training programme of community nursing and social welfare in addition to the statutory deliveries, nursings and lectures.

Mothercraft teaching in clinics has been demonstrated to Part I student midwives from Preston Royal Infirmary.

The value of the training school is shown in the fact that six of the nine full-time midwives in the domiciliary service are graduates of the Preston training school. Several of these midwives are also currently working in local maternity units.

Staffing

At the end of the year 48 midwives were practising in the Borough, 35 including the supervisory and part-time staff at Preston Royal Infirmary. Three in the General Practitioner Maternity Unit and 10 including the Supervisor of Midwives in the domiciliary service.

Care of the Mother and Baby

All domiciliary midwives are attached to general practices for the booking of midwifery cases.

In four group practices in the Borough the midwife works beside the general practitioner in surgery antenatal clinics and in the home. In remaining cases the midwife books her own doctor's cases and carries out antenatal work in the local authority antenatal clinic, maintaining a close liaison with the doctor. Whilst the system has increased the work of the midwife and the mileage covered on duty, the spreading of caseloads has had the effect of drastically reducing waiting time for expectant mothers in the antenatal clinics.

All mothers are reviewed by consultant obstetricians at the 36th week of pregnancy and any mother found to be obstetrically at risk is booked for confinement in hospital.

After delivery the mother and baby remain in the care of the midwife for 14 days. During the year 4,510 domiciliary antenatal visits were made by midwives. 6,246 postnatal visits were paid to mothers delivered at home and 5,411 to mothers delivered in hospital.

Home conditions of 40 expectant mothers were investigated on behalf of the maternity hospitals. Home confinements were subsequently arranged in 23 of these cases. The district midwives have also followed up and reported on 50 clinic defaulters from hospital antenatal clinics.

Five hundred and fourteen mothers made 3,581 attendances at antenatal clinics, 470 attended consultant clinics for the first time and 231 paid further visits.

The service is manned over the 24 hour period on a rota system. Midwives are contacted through a message centre based on the ambulance station, thus ensuring an efficient service to mothers with the minimum delay.

Parentcraft classes taught by the midwives have been held weekly at Saul Street Clinic and in the absence of a physiotherapist the midwives have also undertaken the teaching of relaxation, antenatal and postnatal exercises.

The emergency obstetric unit has not been called upon during the year.

Result

During 1970 1,789 babies were born to Preston mothers. 425 domiciliary deliveries occurred. 403 of these were delivered by midwives alone and 22 in the presence of a doctor.

GENERAL PRACTITIONER MATERNITY UNIT

The General Practitioner Maternity Unit has been operative since February 1st, 1970. During 1970 there were 131 deliveries on the unit. The mothers were drawn from the Borough and County areas, an appreciable number being immigrant mothers.

The general practitioners attend their own booked patients on the unit. Although all domiciliary midwives in Preston are G.P. attached they do not work with the doctors in the unit—the nursing staff there being provided by the hospital authority.

DAY NURSERIES

The Day Nurseries have continued to fulfil their very necessary function with an average daily attendance of 144.

Of those admitted on special grounds 53 were from broken homes. 64 children were from “one-parent families” i.e., father widower, mother widow or unmarried. 20 children with various defects were attending and from observations made appeared to be deriving benefit from their attendance.

The number attending on reduced fees or free of charge has reduced from 75 to 70.

Throughout the year it has been possible to admit sixteen “short stay” children following upon a family emergency, i.e. illness of the mother or in some cases desertion by her.

The admission of babies under one year has been discontinued at Isherwood Street owing to the condition of the building being only fit for demolition. It is hoped to remedy this in the near future when the new nursery is built.

Pre-School Playgroups

In February and September it became possible to establish two further groups, each for two sessions. There is now a total of eight groups providing 200 places with an average attendance of 147 children per session.

Each group meets twice weekly at the following centres. 9-30 a.m. to 12 noon — Brookfield, Greenbank, Ribbleton and Tulketh.



DOMICILIARY IMMUNISATION BY NURSING STAFF

The existing five registered playgroups continued to function satisfactorily. In April, with the co-operation of the Community Relations Officer a sixth playgroup was formed at the Foxton Youth Centre under the guidance of two leaders assisted by two mothers. It is open for two sessions weekly and provides places for 25 children.

Nursery Students

All three nurseries continued to participate in the Nursery Nurse Training Scheme together with Stoneygate and other recognised infant and nursery classes. Eighteen students were in training during the year. Theoretical training is given at Alston Hall Day Continuation College when the students attend alternate weeks.

The final examination of the National Nursery Examination Board took place in June when eight students together with five from the Education Department and two from Dr. Barnardo's Nursery at St. Annes were successful in gaining their certificates.

HEALTH VISITING

During the year four health visitors left — three to other authorities and one because of a breakdown in health. Only one appointment was made despite repeated advertising. In addition one student who had been away training returned as a qualified health visitor. Thus at the end of the year there were eleven vacancies representing a loss of almost one third of the establishment.

Of the existing staff five are approaching retiring age, five are in their fifties, nine in their forties, three in their thirties and three in their twenties. Unless health visiting in Preston can be made more attractive, with the unbalanced age structure of the existing staff it will not be long before it will be difficult to maintain even the essential health visiting services.

Consideration has already been given to the ways of implementing the recommendations of the Report of the Working Party on the Management Structure in the Local Authority Nursing Services (Mayston Report). This is the first time there has been such a report on line management in this field and the need to keep in step with similar planning in the hospital field is obvious in view of a future unified service. The Report should do much to allay any doubts which the health visitor may have concerning her future in the health service. It is hoped that the recommendations will be adopted as soon as possible.

Decentralisation of some staff has been made, basing health visitors at a health clinic instead of the central office. The disadvantages to decentralisation is largely administrative — the advantages are that health visitors are available locally to mothers with young children and the elderly — two groups who will more readily seek advice if they know the health visitor is based locally. In addition, the difficulty of the very limited central car parking space is overcome.

Domiciliary Cervical Cytology

Five health visitors have been trained in the taking of cervical smears and it is hoped to start a domiciliary service as soon as the staffing position will permit. The aim of this service is to reach those women at risk, particularly in the lower social classes but who, because of large families, and after apathy do not attend a central clinic.

Immunisation in the home

During the year immunisation in the home has been commenced by the health visitors. This was done in order to reduce the hard core of those who persistently failed to attend at a clinic and to assist those mothers with large families who found it impossible to get to a clinic.

Attachment to General Practice

There has been no further increase in the number of attachment schemes although six are in the process of being implemented. Attachment to general practice certainly has satisfying rewards but, the work rapidly increases so that the case loads become abnormally high. The Department of Health and Social Security recommends one health visitor per 5,000 population. In the practices where there is attachment the figure is approximately 7,200 population to each health visitor. Uneven distribution will be remedied however, with the extension of attachment, group practice and health centre practice.

Immigrant Population

The 0-5 years immigrant population has increased during the year by 191, that is as a result of notified births and transfers into the Borough. This may not seem of any great significance but the work with the immigrant with a young family is very time consuming due to language difficulties and differing cultural patterns.

A primary visit to a new baby presents difficulties, because, so often, the mother does not speak English at all, neither can she read English. A preliminary visit is therefore conducted through signs, pictures and the use of leaflets printed in Urdu. For a more satisfactory visit the health visitor has to ascertain the working hours of the husband and pay a return visit when he is at home.

Other difficulties include the difficulty of persuading mothers to introduce solid foods at an early age — the tendency is to keep the baby on a liquid diet for as long as possible and the protein intake remains remarkably low.

Clothing presents a problem — the baby tends to be overclad in summer and underclad in the winter—it is difficult to persuade mothers to provide woollen undergarments.

Registered Day Minders

The number of registered day minders increased and a total of 159 were registered by the end of the year.

Five applications were not approved because either the applicants or the accommodation were unsuitable. One applicant appealed and the appeal was allowed on condition that strict supervision be exercised.

Physically Handicapped

Health visitors paid 1,068 visits to physically handicapped persons in their homes.

A variety of aids was supplied such as crutches, quadrupeds, hoists, Zimmer toilet aids and extended toilet seats. Many of these aids are recommended by doctors and instruction to the patient in their correct use is important. The misuse or the wrong adjustment of an aid can well aggravate a disability.

A total of 82 aids were loaned during the year.

Over-Sixties Clubs

The three clubs held in Corporation premises continued to flourish and each had enterprising programmes for the members. Two of the clubs, Ribbleton and Brookfield, arranged holidays to the Isle of Man and the South Coast. Even in wintry weather attendances do not decline a great deal, members look forward so much to the companionship which the meeting brings them.

Parents Clubs

The three Parents' Clubs held in Avenham, Ribbleton and Greenbank Health Clinics have had another successful year and there has been quite a rise in membership of young mothers.

These clubs are not only of educational value through lectures, demonstrations and visits of observation but they are also of social value and provide a meeting point for young mothers of a similar age group with similar problems which they can discuss in a relaxed atmosphere.

HOME NURSING

There were 16 full-time home nurses including one male nurse, five part-time nurses, four part-time nursing auxiliaries, and one Superintendent on the staff at the beginning of the year. During the year two nurses retired after 22 and 18 years respectively, district nursing in Preston.

The work of the nurses continues to increase and it is only by their unselfishness, zeal and hard work that we have been able to pay 85,168 visits to 2,945 patients during the year, of the latter 2,160 were new patients. 859 visits were made to 75 children under the age of five years, of these, 32 were children of immigrants. The number of patients over the age of 65 totalled 1,713 and 57,393 visits were paid to these people. These are the visits that take up so much of the nurses time, especially the long term chronic patient and those needing terminal nursing care, as so many of these either live alone or have an elderly relative or friend caring for them.

Whilst the establishment has remained much the same since 1948 the work of the district nurses has more than doubled. Modern techniques and new treatments have altered the whole field of nursing to an extent which makes the ideas of even a few years ago completely out of date. Patients are having to be left without treatment, and nursing care has to be cut down to a minimum, a situation which gives no satisfaction to nurse or to patient.

General Practitioner Attachment

During the year four nurses were working within group practices. Unfortunately, due to shortage of staff heavy case loads and the distance of some of the patients homes from the agencies, none of the nurses is completely attached to a practice. This is not the ideal situation but the best we can do under the circumstances.

Two of the practices have treatment rooms in the surgery and during the year 1,966 treatments were carried out on 283 patients, who attended the surgery. This has by no means reduced the number of visits paid to the patients' homes as during the year 23,327 visits were made to the homes of 815 patients of the group practices.

Night Visiting Services

This service continues to operate each evening, usually after 8.00 p.m. During the year, 713 visits were paid to 82 patients, of these patients the majority required evening sedation, as they were suffering from terminal disease.

Laundry Service

This service continues to be provided from the laundry at the Civic Hostel. It is used mainly for the incontinent patients where facilities for washing and drying soiled linen are unsuitable and inadequate. 39 people benefited from the service during 1970. This is a service that warrants expansion in the future.

WELFARE SERVICES

Provision of residential accommodation

The history of the provision of residential accommodation in Preston County Borough was outlined in the annual report for 1969. Associated with this history were plans for the future development of this service. The first stages of this planning will come to fruition in July and August, 1971, when two hostels commenced in 1970 will be opened for the purpose of accommodating residents from the Civic Hostel, Fulwood. This being the first stage of the replacement programme detailed last year.

These two homes are of closely similar design. Each has twenty-four single bedrooms and six two-bedded rooms, four sitting rooms, six sitting areas, and a communal dining room.

Adequate residential accommodation has been provided for the staff; for the Matron a self-contained three bedroomed flat, for the Assistant Matron a one bedroom flat, and for other staff two bed-sitters.

The following table gives details of the number of persons in accommodation in the present four hostels at the end of the year, along with the number of admissions and discharges throughout the year.

Table 6.							
HOME	No. of Places	Admissions		Discharges		Accom. on 31/12/70	
		Male	Female	Male	Female	Male	Female
Civic Hostel Fulwood	281	40	59	44	68	72	141
Ashton House	45	7	13	7	12	12	29
Wilson House	38	10	4	11	3	18	17
Sunny Bank	17	—	7	—	7	—	16
Totals	381	57	83	62	90	102	203

Short term care

Among admissions shown in the above table were twenty-three persons who were admitted for short term periods to allow those caring for them to have a rest or a holiday. This is a service which is of great assistance to harassed relatives and friends.

Special Homes

To meet the special needs of aged and handicapped persons use is made of homes run by other local authorities and voluntary organisations. At the end of the year three persons were so accommodated in a local authority home and 30 persons in homes run by voluntary organisations.

Flats adjacent to Wilson House

The staff of Wilson House continue to provide a good-neighbour service to the tenants of the flats lying adjacent to Wilson House. This service takes into account the immediate urgent needs of the tenants, such as calling in the doctor, relatives, the district nurse, making fires, meals or providing other help or assistance that may be needed at any given time.

Adaptation to Ashton House

An oil-fired boiler plant and an electric lift have been installed at Ashton House.

The lift has not proved too successful as there have been breakdowns, and the residents are rather in awe of it, regarding it as unreliable. Many have a fear of being locked in the lift.

Admission arrangements.

Referrals are brought to the notice of the Department by relatives, doctors, councillors, corporation employees, etc.

To admit persons on a "first come, first served" basis is not possible, as some cases are in more urgent need of admission than others on the waiting list. These are given priority. Acceptance of the limitation of residential accommodation means that the size of the waiting list does not reflect the need existing in the community.

Statistics relating to the provision of residential accommodation are given in Tables 16 to 18 in the Appendix.

Temporary Accommodation

A room at the Civic Hostel, Fulwood, is set aside for accommodating families rendered homeless. The period of stay is normally of three weeks duration. This gives sufficient time for the families to be rehoused, either through their own endeavours or through the assistance and help of the Housing and Childrens' Departments. In the course of the year there were 43 applications for accommodation. Those not taken into temporary care were given the necessary help and advice to avoid the need for such action.

The homeless family unit scheduled for year 1970/71, has been temporarily delayed due to the delay in completing Ashton Health Centre. Future planning will need to provide for this type of accommodation so that the closure of the unit at the Civic Hostel, Fulwood, will be able to take place within the next three years.

Statistics relating to temporary accommodation in Table 19 in the appendix.

Welfare Services for Handicapped Persons.

The object of providing welfare services for handicapped persons is not only to provide support but also to try to foster the maximum amount of independence in each person.

Welfare of the Blind and Partially Sighted

The functions of the Authority are administered partly by the Authority and partly by the Institute of Blind Welfare — a voluntary organisation. The Institute providing workshops and employment, whilst the Authority accepts responsibility for the social needs of this group.

Employment

Every help is given to the Authority in the placement of blind persons for training and eventual employment by the local Disablement Resettlement Officers and the management of the Workshops.

Social needs

A wide range of services continues to be provided, including home visiting, the teaching of braille, moon and handicrafts, concerts and social events, chiropody sessions, and hair-styling sessions for women. The provision of transport, free bus passes, wireless and dog licences, radios, including portable transistor sets and the payment of talking book rentals is made for necessitous cases. Holidays are also arranged. Statistics related to the blind and partially sighted are contained in Tables 20 to 34 in the appendix.

Physically Handicapped Persons

The Authority provides a direct service to this group of handicapped persons.

Social needs

Similar services to those offered the blind and partially sighted are available. These are handicraft classes, chiropody and hair styling, concerts, outings, holidays and transport.

More specialised services are the provisions of aids, from pick up sticks and walking aids to sophisticated hoists. These items are usually on free loan and are taken back into stock for re-issue when they are no longer required. Adaptations are

made to premises which take the form of ramps, crossovers, widening doors, widening and lengthening paths, the provision of low-level baths. The costs of such works is usually borne by the Authority.

The Housing Department have on a few occasions agreed to the re-housing of a handicapped person, because of the high cost of the adaptations needed to be carried out.

Employment

There are 220 persons registered as handicapped, employed under ordinary working conditions, 29 who work in a special workshop and eight who do out-work at the Authorities own Centre. One is employed at home.

Registration

During 1970, 47 persons were admitted to the register. Details of these are listed below according to disability:—

<i>Disability</i>	<i>Number of Persons</i>
Organic nervous diseases	16
Diseases of the heart, circulatory system, or the respiratory system (other than tuberculosis)	7
Arthritis and rheumatism	9
Amputations	6
Injuries of the head, face, neck	6
Congenital malformations, deformities and neuroses, psychoses and other nervous and mental disorder	1
Other diseases and injuries	2
Total	47

Deaf and Hard of Hearing

The North and East Lancashire Welfare Association for the Deaf act as agents for the Authority in providing a full range of welfare services for the above named group of handicapped persons.

The Association has a Centre locally situated which is quite modern, and well attended.

The hostel mentioned in the report last year was opened in March, 1970.

There has been a great demand for accommodation for the young deaf and consequent on this, the number of places for the elderly deaf has been reduced from six to three. One elderly deaf person from the Preston area is accommodated in the home. The Authority makes payment of a per capita grant to the Association.

Statistics relating to the physically handicapped and deaf are presented in Tables 35 and 36 in the appendix.

Handicapped Persons' Workshop and Social Centre

The above is a day centre for all classes of handicapped persons and the elderly. It is open from 9-0 a.m. to 9-30 p.m. Monday to Thursday and from 9-0 a.m. to 5-0 p.m. Friday. Handicraft classes, chiropody and hair-styling sessions, social and recreational activities and concerts are held there. These include many of the events already mentioned in relation to the services for the blind, partially sighted and physically handicapped.

A mid-day meal is provided for individuals wishing to partake of one at a cost of 7½p.

On Friday evenings the Society for Mentally Handicapped Children use the Centre for Youth Club purposes.

Many of the local voluntary organisations have use of the building for the purpose of Christmas parties and other special functions they wish to provide for their members.

Protection of Property

Protection was given to the moveable property of 23 persons who had been admitted to residential care or had died.

Periodic visits were made to unoccupied private properties to check on their security. This was in addition to the police surveillance requested.

Burials

The burial of 13 persons was arranged during the year. The full cost of the burial was recovered in nine cases and partial cost in four.

Domiciliary Visiting and Care

Visiting of the aged and physically handicapped was carried out by the health visiting staff. During the year, they made 5,107 visits. Where needed, follow up visits are arranged and when the requirements of individuals can be more appropriately dealt with through the Welfare Services, then such cases are referred to this Section for attention.

The Social Welfare Officers had 600 direct new referrals during the year. This was in addition to cases passed on by the Health visitors and the regular routine visiting of aged at risk.

Voluntary organisations play a very important part in the welfare of the elderly and others. It is difficult to assess the full extent of what is done, as the various groups work in relative isolation and there is no central organisation to which one can turn to ascertain what has been achieved. It is certain, however, that much is being done for the aged and handicapped both from the point of view of material and financial aid, holidays and outings, and general support.

A pleasing feature of the work done by the voluntary groups is the large numbers of young people who partake in their groups' activities.

The Womens' Royal Voluntary Service run a weekly Derby and Joan luncheon club. In addition to the meals service provided, chiropody sessions and social activities are arranged.

Social and recreational activities are held at the Old Men's Brotherhood Club, the Catherine Beckett Club and the Ingol and District Senior Citizens' Club.

The Authority helps financially.

Cerebral Palsy

Cerebral palsy varies greatly in severity from one case to another, and many of the less afflicted cases are able to carry on their activities without help or supervision. Some of the more severe adult cases who are disabled and who may need help in various ways are registered in the Welfare Section and many of the children affected are known through the School Health Service.

The cases known to the staff are recorded in the following table.

Table 6a. No. of known cases of cerebral palsy and epilepsy.						
Ages	Cerebral palsy			Epilepsy		
	Males	Females	Total	Males	Females	Total
0— ...	1	1	2	1	—	1
5— ...	1	4	5	—	—	—
10— ...	8	6	14	2	1	3
15— ...	8	6	14	4	12	16
20— ...	15	11	26	6	15	21
30— ...	12	6	18	2	8	10
40— ...	4	3	7	3	8	11
50— ...	2	2	4	4	4	8
60— ...	2	—	2	—	3	3
70— ...	—	—	—	—	1	1
80+ ...	—	—	—	—	—	—
Total ...	53	39	92	22	52	74

There are 53 males and thirty-nine females registered as having cerebral palsy. Six children attend the Open Air School. Two children of school age attended the Spastic Day Centre on five days per week and five children under school age attended from two to five days, each dependent on needs.

Two men and one woman attended the Handicapped Persons' Workshop and Social Centre.

Twelve men and six women were employed in open industry and four men were working in sheltered employment either at the Adult Training Centre or Remploy.

One man and two women are accommodated in special hostels.

Epilepsy

At 31st December, 1970, there were 22 males and 52 females registered as epileptics.

One child attended the Open Air School and one a special school, and six came within the province of the Mental Health Act.

Six men and five women were in psychiatric units.

Five men and ten women were working in open industry and four men and two women in sheltered employment.

There are four women in epileptic colonies.

Three men and six women attend the Handicapped Persons' Workshop and Social Centre.

Home-Help service

This service is supervised by a Home-help Organiser and the staff consists of an equivalent of 76 full-time home-helps.

This service provides help in the home where circumstances make it difficult for the family to carry on without assistance.

Each application for help is investigated, the needs, time to be taken, and the charge, if any, assessed.

Priority is given to maternity cases, the elderly infirm, chronic sick, disabled and sudden incapacitating illness in the home.

The service is limited in that it helps only half the persons that require it.

Night Attendance Service

This service was continued during 1970 under the supervision of the Home-Help Organiser. It is run on similar lines to the Home Help Service and is a vital part of the service. Its purpose is to help relatives and friends of people who are too ill to be left on their own with safety.

During the year only 26 cases were assisted by the four night attendants employed. This represents a woeful lack of provision of an essential service.

Meals-on-Wheels

As in previous years this essential service continued to supply meals to people who are no longer able, due to infirmity, to prepare a meal and are living alone.

During the year only 672 people were provided with meals which numbered 32,256. This was far too few persons and far too few meals.

These services help materially in preventing the admission of people to hostels and hospitals. Their development from the point of view of sufficient staff and degree of help to individuals is very important and should be given the utmost priority in the form of financial help. The service is only able to touch the mere fringe of the problem.

MENTAL HEALTH

Work undertaken in the Community

Mental Illness

Mental Health Act, 1959

Number of persons admitted to hospital in the year.

					Males	Females
Section 5 (Informal)	..	..	..	..	65	120
Section 25 (Observation)	..	..	..	..	18	35
Section 26 (Treatment)	..	..	..	..	2	1
Section 29 (Emergency)	..	..	..	..	6	16
Section 60 (Hospital Order)	..	..	..	..	3	2
Totals					<u>94</u>	<u>174</u>

At the request of the consultant psychiatrists and psychiatric hospitals, 17 visits were made, and reports submitted on home conditions and family histories.

During the year, 42 men and 76 women, discharged from hospital were supervised by the mental health staff by arrangement with general practitioners and the patient; a further 94 men and 188 women were visited at the request of the psychiatrists, general practitioners or other agencies, 3,755 visits being made for this purpose. In addition 634 office interviews took place in connection with mental illness.

The mental health staff have continued a most active liaison with the psychiatrists at the out-patient clinic, Sharoe Green Hospital by frequent case conferences and discussions.

An excellent co-operation with the psychiatrists and staff at Whittingham Hospital continued throughout the year with consultations and discussions regarding the welfare and treatment of patients in hospital and after discharge to the community. The same relationship between hospital and local authority staff continued in respect of female patients in the Psychiatric Unit at Sharoe Green Hospital.

The mental health staff visited patients on the wards at both Whittingham and Sharoe Green Hospital to discuss individual problems.

The integration of persons recovering from mental illness with persons with physical handicap continued to prove successful at the Social Centre for Handicapped Persons and both join in activities at the Centre, and attend concerts and social evenings held during the winter months and outings arranged during the summer.

Mentally Handicapped

During the year, four male and five female cases were reported.

The number of mentally handicapped and severely mentally handicapped persons on the authority's register on December 31st, 1970 was 534, as follows:—

						Males	Females
In care of local authority	..	..	..	..	..	185	154
In hospital ..	..	..	..	..	..	108	87
					Total	293	241

Domiciliary Care

During the year 949 home visits were made by the mental health staff and 110 office interviews took place regarding the mentally handicapped and seven investigations regarding home and social conditions were made at the request of medical directors of hospitals for the mentally handicapped.

During the year, six males and eight females were admitted to hospital for a period of short term care; two females were also admitted to the authority's hostels to enable relatives to have a holiday or on account of sickness in the family.

Admissions to Hospital

During the year four male and three female were admitted to hospital.

Youth Club

The Youth Club continued to be held at the Handicapped Persons Centre, Deepdale Road, every Friday evening, organised by the Preston Branch of the National Society for Mentally Handicapped Children, with a regular good attendance of members.

Junior Training Centre

During the year, Mrs. Topping, Assistant Supervisor retired.

A party of 11 children accompanied by two staff, attended the area sports day in Blackpool, and once again were successful in winning the cup, in competition with 15 other Centres.

During August, it was agreed that coaches would be used in place of the Ambulance Service, to transport the children to and from the Centre.

Two visits were made during the period by pupils and tutors from the Sixth Form College.

Six students from the Harris College attended the Centre for periods of teaching practice.

On the 29th October, a visit was made by Dr. Pepper of the Department of Education and Science.

A number of students from Manchester University and local colleges made visits of observation.

A party of 19 children, accompanied by three staff, spent an enjoyable week at Penmaenmawr, and during this week the children left at the Centre were taken on a trip to Heysham Head, with escorts.

The Annual Christmas Party was held on the 16th December, at which the Mayor was in attendance.

Number of children on register on 31st December, 1970

Preston County Borough 41; Lancashire County Council 10; **Total 51.**

Adult Training Centre

	Males	Females
Number in attendance on 1st January, 1970 ..	46	32
Number admitted during year	15	8
Number discharged during year.. .. .	14	10
Number in attendance on 31st December, 1970	47	30

During the year two students from Bolton Technical College attended the Centre for three weeks teaching practice.

Visits of observation were made by parties of senior pupils from Brockholes Academic School, Blessed John Southworth School and Park School, as part of their social studies programme.

A sister tutor, Preston & Chorley Hospital Management Committee, together with six nurses from the midwifery course, also visited the Centre.

A visit to the Centre was made by the Disablement Advisory Committee.

A party of trainees, accompanied by two staff, spent a week-end at Spalding to see the Flower Parade, a trip organised as an educational visit on a voluntary basis.

The manufacture of park seats, stool frames, clothes props, seed boxes, together with other miscellaneous items, has continued in the woodwork shop.

Chain link fencing and wire coat hangers continued to be the main output in wirework.

The demand for flags, walling blocks, path edgings and similar concrete products continues to increase, and in addition to standard supplies a number of special orders have been executed.

There has been less contract work available during this year, as the trade recession continues.

Instruction in baking, laundering, machine sewing, and general domestic subjects has continued throughout the period.

Hostels

On the 31st December, 1970, at Brookfield, Ribbleson and Burnett House Hostels, there was one female vacancy, and of the 27 residents, six females and one male were in outside employment, and the remainder attended the Adult Training Centre daily.

During Preston Holidays, a party of 20 spent an enjoyable week at Blackpool, five went on a holiday in Ireland, and two residents went on holiday independently.

AMBULANCE SERVICE**Staff**

One ambulanceman retired on pension and was replaced. Emergency work has suffered from shortage of staff. At the commencement of the year the size of the establishment allowed only four ambulancemen to be on duty between 10 p.m. and 6 a.m. Monday to Saturday, and between 5 p.m. Sunday and 6 a.m. on Monday. One of these men was engaged on telephone and control duties. Consequently, when two overlapping emergencies occurred the second call had to be dealt with by one man only. This was remedied by the appointment, originally, of two part-time telephonists on a temporary basis thereby making two complete ambulance crews available for emergency calls. This increase in establishment has since been made permanent.

Non-urgent calls at weekends and at night have needed to be curtailed to the detriment of the service. In particular travellers meeting an accident or suffering sudden illness who do not need to be detained in hospital have had to wait too long for transport home when their homes may have been at a distance. Public transport is employed wherever possible.

Competition

The service entered a team of two men, Ambulancemen R. Blackburn and J. Hill in the National Competition organised by the National Association of Ambulance Officers. In the Regional Heat the team came third from a total of 14 entries in Lancashire and Cheshire.

Training

Training of Ambulancemen from Preston is at the Lancashire County Council Ambulance Training Centre, at West Leigh, Lea. During the year four men have attended the school on a six week Basic Training Course and six on a two week Basic Course. All passed and qualified for Proficiency Certificates. Provision has been made for all remaining ambulancemen to attend a course at this school in 1971.

Vehicles

Four sitting case cars were taken off the road during the year. Three were unroadworthy and one was considered unsuitable for the work. Two new sitting-case cars were ordered and delivered during the year and two others ordered. Pending delivery of the first two vehicles it was possible to hire two dual purpose ambulances from the Lancashire County Ambulance Service for a limited period of five weeks—after which the service continued with fewer vehicles than establishment.

Handicapped Persons' Transport

An O. & M. review of the Ambulance Service commenced in March 1970, phase I of which dealt with transport. This preliminary report was published in May 1970, and was concerned with the urgent problem of transport of mentally handicapped persons. Increasing numbers needed to be transported, which led to delays and inconvenience to other patients. In March 1970, taxi transport was provided to take physically and mentally handicapped persons to the centres. The final O. & M. Report recommended coach transport, and coaches were used from the 25th August, 1970. As can be seen in Table 7 this has led to a dramatic reduction in patients carried, resulting in a better service for patients to and from the hospitals.

Table 7.						
Month			Total Work Load			Local Authority Work
			Patients Carried		Mileage	Patients
			Stretcher	Sitting Cases		
January			1,027	4,545	15,388	2,496
February			1,069	4,904	14,248	2,370
March			1,159	4,455	15,387	1,901
April			1,200	5,247	15,794	2,894
May			1,147	4,480	15,698	2,171
June			1,157	5,550	16,655	3,021
July			1,130	3,952	15,492	1,689
August			1,049	3,120	13,097	1,034
September			1,161	2,569	13,338	298
October			1,033	2,761	13,165	290
November			1,228	2,851	12,264	320
December			1,215	2,380	12,160	179
Total			13,575	46,814	172,686	18,663
	(1969)		(14,433)	(58,881)	(183,835)	(28,563)

EXECUTIVE COUNCIL FOR THE BOROUGH OF PRESTON

I am grateful to Mr. C. Webster, Clerk of the Executive Council for the following information.

Medical Services

The number of patients registered on doctors' lists at 1st January, 1971, was 105,654. Medical Services were provided by 69 practitioners, 51 of whom were the responsibility of the Council, and 64 of whom were also included in the Council's Obstetric List for the provision of Maternity Medical Services.

The total gross payment for General Medical Services for the year ending 31st March, 1971, was £385,443.21.

Pharmaceutical Services

On the 1st January, 1971, there were 39 Chemists' establishments on the Council's Pharmaceutical List for the supply of medicines and appliances, and nine contractors for the supply of appliances only. The Council's Rota Service Scheme providing for establishments in different parts of the town to be open for one hour each evening after the normal hour of closing, except Saturday, and one hour each Sunday, Local and Bank Holiday, continued to operate satisfactorily throughout the year.

During the year 26 test prescriptions were taken, all of which were satisfactorily dispensed.

The total cost for the supply of medicines and appliances amounted to £463,264.36 of which charges paid by patients amounted to £43,997.09.

The amount paid for Rota Services was £1,601.00.

742,952 prescriptions were dispensed by Chemists during the year.

Dental Services

At 1st January, 1971, there were 30 Dental Practitioners on the Council's Dental List. The total cost for the supply of dental appliances, extractions and conservative treatment was £273,346.69 of which charges paid by patients towards such treatment amounted to £56,898.71.

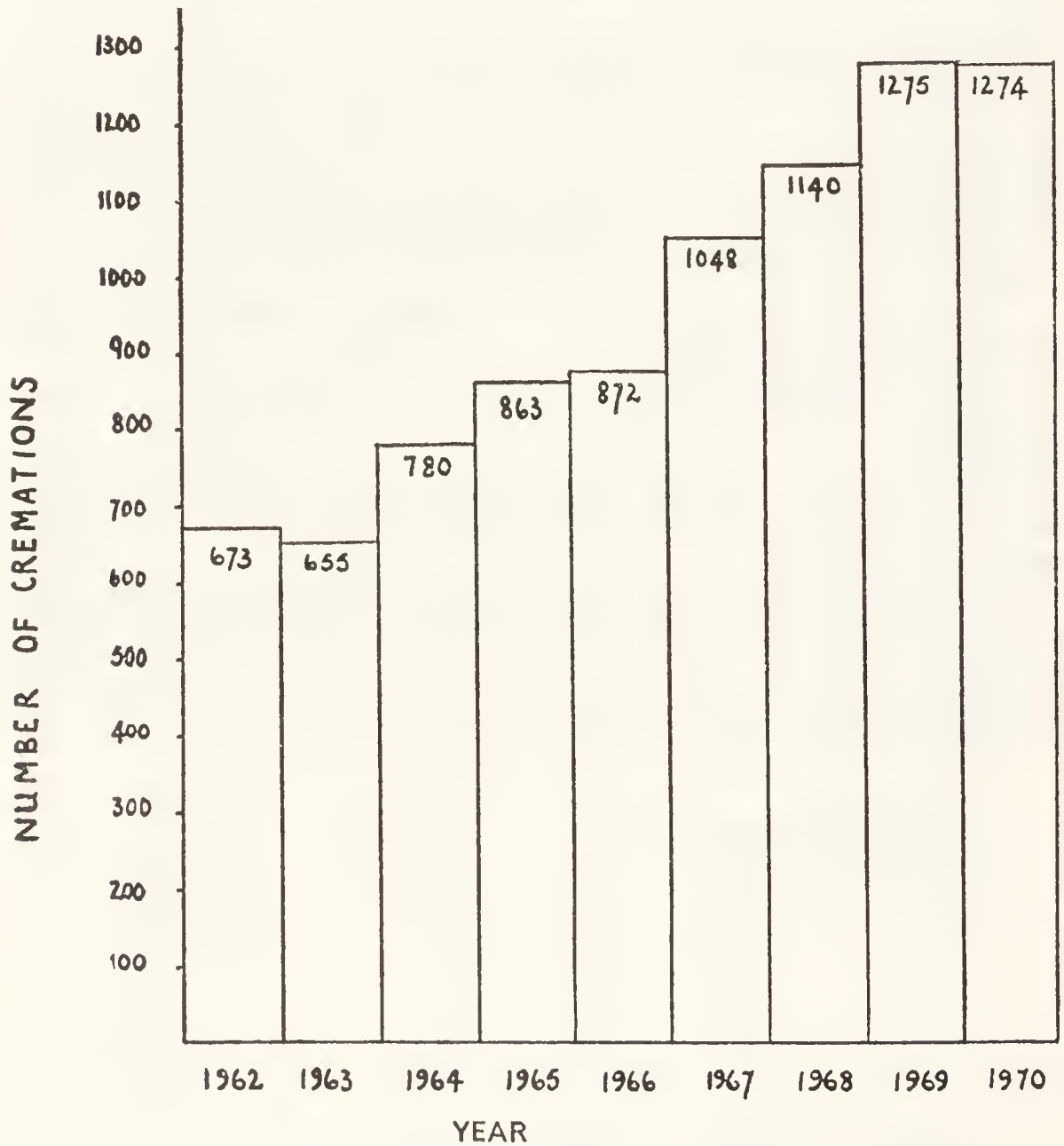
At 1st January, 1971, there were four Ophthalmic Medical Practitioners, 20 firms of Ophthalmic Opticians and one firm of Dispensing Opticians on the Council's Ophthalmic List. 25,705 applications for glasses were received during the year, as compared with 25,479 the previous year. Of the number of sight tests provided 20,122 cases were supplied with glasses under the National Health Service. Applications for replacement or repair of glasses totalled 700 of which 502 were approved.

The total cost to the Council for this branch of the Service was :—

Sight Testing	..	..	..	£34,576.50
Supply and Repair of Glasses	..	..	£69,985.10	
Less Paid by Patients	..	..	£42,853.74	£27,131.36
				£61,707.86

CREMATION

The Medical Officer of Health continued to act as Medical Referee to the Preston Crematorium, with Dr. Carroll and Dr. Dowling acting as deputies. The following Table shows that the numbers cremated have doubled in the nine years.



Epidemiology

A major advance in the field of epidemiology was the introduction in 1970 of vaccination against German measles for schoolgirls. This is a measure which will reduce the incidence of certain congenital abnormalities among the future population. A special report on the initial pilot survey undertaken in conjunction with Dr. D. N. Hutchinson, consultant microbiologist, and on the subsequent introduction of routine rubella immunisation for 13 year old schoolgirls appears at the end of Section E. This section covers also the various immunising procedures undertaken in early childhood.

Sections A-D deal with infectious and non-infectious diseases, sexually transmitted diseases and tuberculosis. No major outbreak of any infectious disease or change in the pattern of other diseases has occurred to warrant any one condition receiving special emphasis.

Pediculosis receives comment in the report on the School Health Service, scabies is included in the section on infectious diseases.

A. INFECTIOUS DISEASES

There were no notifications of the following diseases during 1970:

Anthrax	Poliomyelitis
Diphtheria	Smallpox
Encephalitis	Tetanus
Leptospirosis	Typhoid
Malaria	Yellow Fever
Paratyphoid	

Diphtheria has not been reported in Preston since 1951 but small outbreaks of the disease elsewhere emphasize the need for constant vigilance. The last notification of paratyphoid was in 1962, of malaria in 1966 and of poliomyelitis in 1961. During the year investigations continued to be carried out on any positive isolations of poliomyelitis virus from faeces specimens but in each instance this was found to be the result of recent oral poliomyelitis vaccination.

Between the years 1956 and 1966 no case of typhoid was notified in the town. There were four cases in 1967 and one in each of the years 1968 and 1969 but none in 1970. All the incidents of this disease in recent years were family outbreaks affecting either immigrant or migrant persons and no sources of infection were determinable.

The last occurrence of a confirmed case of smallpox in the town or port was in 1929. Surveillance of persons arriving in Preston from Smallpox endemic areas, without valid certificates of vaccination, was carried out as a routine following intimation from the medical officer at the port of entry. A series of suspect cases of smallpox were examined but none was confirmed nor were any known contacts of the disease seen during the year.

Dysentery

There were 73 notifications of dysentery in 1970 but only seven of these had positive bacteriological findings, *Shigella sonnei* being isolated. No institutional outbreaks were reported during the year.

A number of cases of *E.coli* infection in infancy occurred during the year. There were 18 infants or young children admitted to Deepdale Hospital who were found to be cases of *E.coli* gastro-enteritis. Of these 13 were Borough cases. Apart from two children of over two years of age the cases were all infants with an average age of three months. The different types of *E.coli* identified, with the number of cases shown for each, are as follows:—

E.coli 055 3 cases
E.coli 026 7 cases
E.coli 0111 1 case
E.coli 0114 3 cases
E.coli 0119 1 case
E.coli 0126 1 case
E.coli 0127 2 cases

The finding of *E.coli* 0114 naturally caused concern because this was the type associated with the severe outbreak of gastro-enteritis in Manchester in 1969 in which several infants died. Two of the three cases of *E.coli* 0114 were infants from migrant caravan dwellers and considerable difficulty was met in investigating the contacts of one of these cases because of the lack of a fixed abode. At a time when other caravan dwellers were being kept constantly on the move it was eventually possible to grant asylum to this family to enable investigation to be completed. No further cases were identified in the investigation of contacts, and there were no deaths from *E.coli* infection during the year.

Food Poisoning

There were 31 cases of food poisoning reported during 1970 occurring in two general outbreaks and one family outbreak.

One of the general outbreaks affected a number of persons attending a party at a local hotel. There were eight persons resident in Preston affected. No positive laboratory findings were, however, obtained from these cases. Investigation of this outbreak was hampered by delay in reporting it with consequent dispersal of the members of the party to other areas and an absence of food samples for laboratory analysis. Standards of food hygiene and preparation in the hotel were considered satisfactory.

Food Poisoning Associated with *C.welchii*

In the remaining two outbreaks the organism *Clostridium welchii* was isolated from a number of cases and yet in neither incident were clinical histories or circumstances of the outbreak typical of *Clostridium welchii* infection.

The general outbreak affected 20 employees (16 Borough, four County residents) of a local firm all of whom had partaken of cold tinned beef brisket in the firm's canteen two to four hours before onset of symptoms, mainly vomiting. *Clostridium welchii* (non-typeable) was isolated from eight of the 20 cases and also from a remnant of the beef brisket. While the picture is more typical of staphylococcal food poisoning, staphylococci were not isolated from cases or food samples. Chemical analysis of the beef brisket was also carried out but with satisfactory results.

The family outbreak affected all three persons in a house from two of whom *Clostridium welchii* was isolated. The main effect was vomiting for 24 hours, with onset ten hours after ingestion of tinned luncheon meat and baked beans, *Clostridium welchii* was isolated from the tinned food samples but there was a possibility that samples had been contaminated.

Salmonella Infections

No outbreaks of salmonella food poisoning were reported during the year although a number of salmonella infections were identified.

There was an outbreak of infection (not food-borne) with *Salmonella panama* within the Royal Infirmary during September and October. Of the 12 confirmed cases there were ten in-patients including two children and two members of the nursing staff. In addition 14 symptomless carriers of *Salmonella panama* were identified. Several of the patients were elderly persons undergoing orthopaedic treatment. Two of these patients died, both being cases of fractured femur but with other serious chronic disease. A third patient died a few weeks later although death in his case was not attributed to salmonella infection. Table 8 below summarises food poisoning and *Salmonella* infections during 1970. Details of food sampling and food hygiene inspections are given in the section on Environmental Control.

Table 8.
Food Poisoning and Salmonella Infections—1970

							Food Poisoning
C. Welchii	...	...	...	...	...	...	23
Unknown	...	...	...	...	...	...	8
							Salmonella Infections (not food-borne)
S. agona	...	...	...	...	...	...	3
S. bredeny	...	...	...	...	...	...	1
S. derby	...	...	...	...	...	...	1
S. panama	...	...	...	...	...	...	12
S. typhimurium	...	...	...	...	...	...	3

Infective Jaundice

There were 135 notifications of infectious hepatitis during 1970. Almost half of the cases occurred during the first quarter of the year which represented the end of 15 months of exceptionally high incidence of the disease. In 1969 there had been 482 cases and this major outbreak was reported last year.

Seasonal and age distribution of cases are shown in Tables 9 and 10 below.

Table 9.							
Notified cases of Infectious Hepatitis.							
Year	No.	Month			1968 No.	1969 No.	1970 No.
1957	18						
1958	68	January			1	28	12
1959	262	February			—	22	32
1960	178	March			4	34	20
1961	58	April			1	52	6
1962	35	May			5	88	9
1963	44	June			2	39	5
1964	32	July			9	29	8
1965	28	August			10	44	3
1966	23	September			7	39	7
1967	65	October			7	54	11
1968	52	November			5	36	12
1969	482	December			1	17	10
1970	135						

Table 10. Distribution of cases of Infectious Hepatitis, 1969 AND 1970.								
							1969	1970
Pre-school	...	...	...	...	...	...	35	3
Primary School	...	...	...	...	...	...	274	54
Secondary School	...	...	...	...	...	...	73	31
Others	...	...	...	...	...	...	100	47
Total cases	...	...	...	...	...	...	482	135

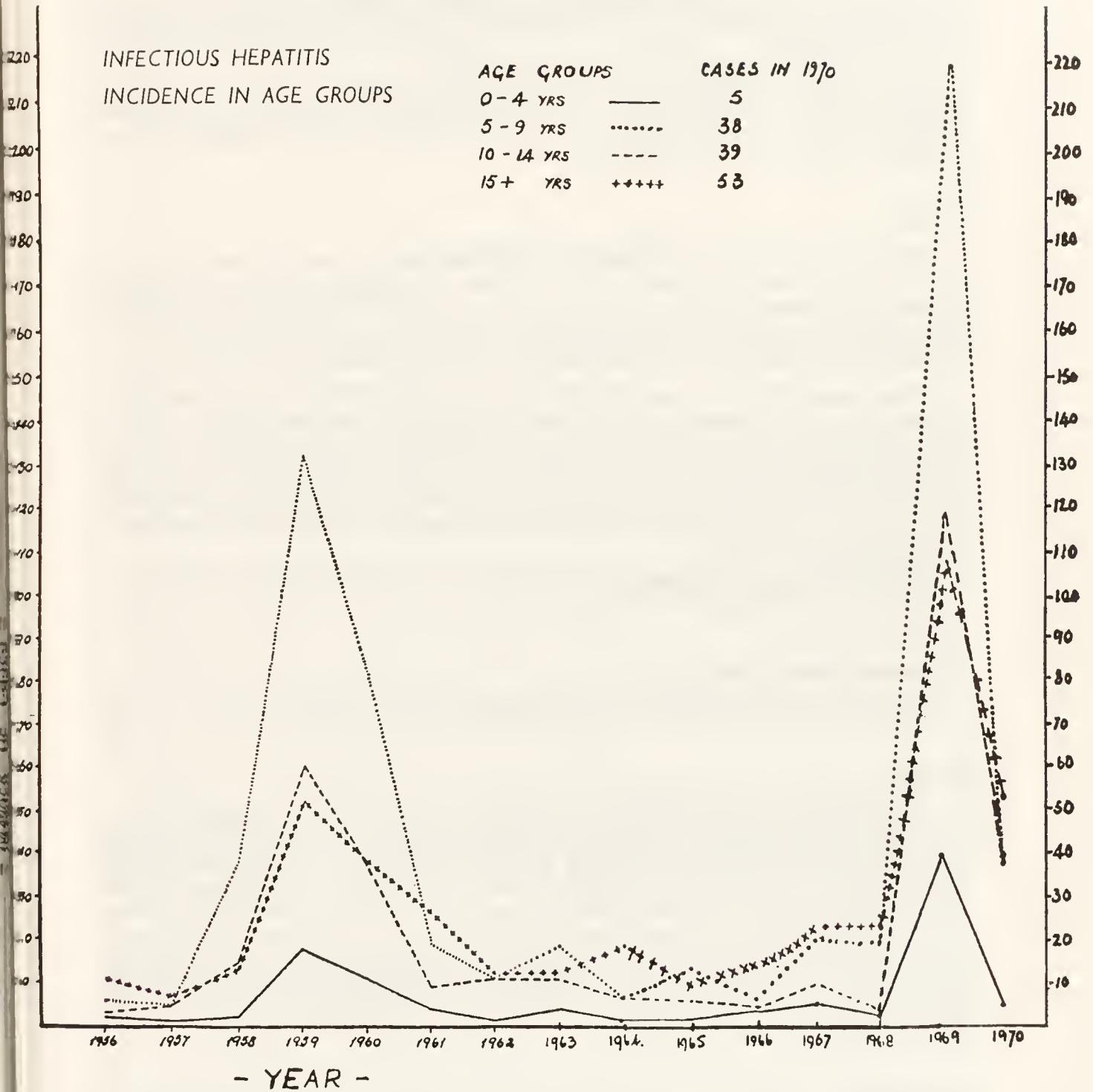
The greatest reduction in cases from the 1969 figures has been in the primary school group. As the accompanying graph illustrates primary school children are particularly affected during periods of greater incidence as in 1959 and 1969.

It was noted that the outbreak in 1969 was concentrated in eastern districts of the town. This continued in 1970 with also a proportion of cases in central areas but only an isolated case or two in western districts.

Generally the illness in children was mild but more severe in adults. There was one death notified, an infant who was thought to be a case of "cot death" associated with respiratory infection. Post mortem investigations, however, were indicative of infectious hepatitis.

INFECTIOUS HEPATITIS
INCIDENCE IN AGE GROUPS

AGE GROUPS	CASES IN 1970
0-4 YRS ———	5
5-9 YRS 38	
10-14 YRS ---- 39	
15+ YRS +++++ 53	



Influenza

The last outbreak of influenza caused by the A2 Hong Kong 1968 variant of virus A occurred in December 1969 and January 1970. This received detailed comment in last year's report.

Polyvalent vaccination against influenza was once again available in the Autumn to medical, nursing and welfare staff of the department, members of the Ambulance and Fire services and certain key personnel from other departments. Altogether some 300 doses of the vaccine were administered.

Measles

There were 783 cases of measles notified during the year. Of these, 490 were aged under five years, 50 under one year of age. According to the previous pattern of measles incidence 1970 was a year for another biennial outbreak. While the figures confirm this, the number of cases notified in 1970, as also in 1968, is less than half the notification figures for previous epidemic years (see table 38 in Appendix.)

One reason why there has not been an even greater reduction in the number of measles cases for 1970 may lie in the fact that routine vaccination against measles was negligible for nine months following the withdrawal in March 1969 of vaccine containing the Beckenham 31 strain of the virus, and only very limited availability of the vaccine containing the approved Schwarz strain. Furthermore, reluctance by many parents to accept any form of measles vaccination for their infants was experienced despite reassurances.

There were 14 children who required admission to hospital on account of measles during the year. No deaths were reported.

Ophthalmia Neonatorum

There was one case of gonococcal ophthalmia notified in 1970.

Scabies

This condition is not notifiable but some impression of its prevalence has in the past been obtained from the number of cases treated at the Greenbank Cleansing Centre. With increasing use of home treatments either on prescription from the general practitioner, but more especially now with free provision of lotion from the Health Department, it is understandable that there should be a reduction in clinic treatments. Only 33 persons were treated during the year at the clinic of whom 30 were adults. The year ended with a decreasing number of cases being reported and this improvement has been maintained during the first quarter of 1971. This lessened incidence may fairly be attributed to the introduction of free treatment for use in the home since the end of 1969.

Scarlet Fever

There were 43 cases notified during the year, none of these requiring hospital admission.

Whooping Cough

There were 46 cases of whooping cough notified during 1970. The average number of cases notified annually during the preceding 10 years was 33. The 46 cases included nine infants, 22 children aged one-four years and 14 over the age of five years. In about a quarter of the cases no typical whoop was noted. This was true of several of the 13 children who were known to have previously had full courses of immunisation against the disease. 11 children required hospital admission. There were no deaths from the illness.

B. OTHER DISEASES

Cancer of the Cervix and Breast

It is estimated that 1-2% of all women develop cancer of the cervix of the uterus, a condition with a high mortality, only 30% surviving five years from diagnosis. In Preston in 1970, six women died from this condition.

Since cancer of the breast is responsible for approximately four times as many female deaths in England and Wales as cancer of the cervix, examination of the breasts is now routinely carried out at the same time as the taking of the cervical smear. The patients are instructed individually in the technique of self examination of the breasts and each is given an illustrated leaflet to that end.

Routine cervical smears and examination of the breasts are also undertaken at the clinics of the Family Planning Association. The hospital post natal clinic and the family doctor also contribute their quota.

Table 39 in the Appendix gives details of the age, parity and social class of the 530 women who attended during the year at the Cytology Clinic. Laboratory examination of slides is now undertaken solely at the Christie Hospital, Manchester. Recall of women originally seen in 1966 has been initiated with a satisfactory attendance level. A routine three year review now exists.

When a cervical cytology clinic is first started one expects to find a larger than usual amount of coincidental pelvic pathology as those patients with symptoms are the most likely to attend. When the clinic has been in existence for three years, however, an ever increasing proportion of the women attending are "old" cases attending merely for the routine three year follow up test: in these patients the amount of fortuitous pathology discovered is markedly less.

Table 40 in the Appendix gives details of the findings on examination of the women who attended. There was one case with a smear indicative of malignancy and 109 showing evidence of infection. In addition, clinical examination showed evidence of some other gynaecological condition in 132 cases.

The conclusion one reaches is that the principal merit of this service is the discovery of the large amount of pathology needing surgical or medical intervention, emphasizing once more that the female pelvis is indeed a "Silent area". The following Table further illustrates the benefits derived from this examination and shows the pathology discovered over the past three years.

Table 11.
Provisional Diagnoses — Numbers.

	Carcinoma-in-situ	Polyp	Monilia	Erosion	Fibroid	Cyst	Trichomonas
1968 ..	16	25	26	1	6	1	57
1969 ..	3	16	20	2	2	—	31
1970 ..	1	17	26	1	7	2	35
Totals ..	20	58	72	4	15	3	123

Coronary Disease

In Preston a total of 323 persons died from coronary heart disease in 1970. This condition remains the commonest cause of death of men prior to retiring age. There were 180 men who died from the condition of whom 78 were under the age of 65 years. Of the 143 women dying from coronary disease 27 were under 65 years of age. The accompanying tables give age and sex distribution of coronary deaths during the past decade.

Weekly returns of sudden deaths in the age group 30-59 years are made to the Medical Research Council to assist in the Twelve Towns Study of Sudden Death. In this survey comparison is being made between the incidence of sudden deaths in six towns with hard public water supply and the incidence found in six towns with soft water, of which Preston is one. In addition to the weekly returns, follow-up studies on cases where information has been lacking are made by one of the departmental medical officers. Information required includes length of residence in Preston, past medical history and history of the final illness. Account is also taken of such factors as obesity and smoking habits.

Preliminary examination of the data so far indicates that the risk of sudden death from coronary artery disease is greater in soft water areas than in hard water areas. This would appear to correlate with the level of calcium content. Firm conclusions will need to await the final analysis of the full survey.

Respiratory Diseases

Lung cancer accounted for the deaths of 74 Preston persons in 1970 (63 males, 11 females). Approximately half of the men dying from the condition were under 65 years of age, one of them being under 35 years. Eight of the 11 women who died from lung cancer were less than 55 years of age. Table 4 on the inset gives details of sex and age distribution.

Bronchitis, apart from causing considerable morbidity and loss of employment, caused the deaths of 66 men and 24 women in Preston during the year.

The number of deaths from both lung cancer and bronchitis are liable to fluctuation from year to year in a population size such as that of Preston.

Table 12.
Coronary Disease — Male Deaths.

Age at Death	25-34	35-44	45-54	55-64	65-74	75 +	Total
Year 1970	—	2	22	54	56	46	180
1969	—	6	27	46	73	48	200
1968	—	2	15	53	63	37	170
1967	2	3	20	44	56	44	169
1966	—	7	17	62	73	42	201
1965	1	12	28	54	57	43	195
1964	4	6	23	53	55	42	183
1963	1	5	15	46	61	34	162
1962	7		78		65	39	189
1961	3		74		55	44	176

Table 13.
Coronary Disease — Female Deaths.

Age at Death	25-34	35-44	45-54	55-64	65-74	75 +	Total
Year 1970	—	—	6	21	33	83	143
1969	—	1	5	19	44	67	136
1968	—	1	4	16	66	88	175
1967	—	2	5	21	48	60	136
1966	—	1	1	15	42	65	124
1965	—	2	3	17	40	52	114
1964	1	1	7	23	45	51	128
1963	—	1	3	15	40	52	111
1962	1		21		34	47	103
1961	1		21		34	42	98

The fact that lung cancer deaths were the lowest for five years, and 17 less than in 1969, is no cause for complacency as previous annual figures can show.

"Smoking and Health Now" a new report by the Royal College of Physicians published early in 1971 states that cigarette smokers are twice as likely as non-smokers to die in middle age. It emphasizes that cigarette smoking is closely associated with lung cancer, is the most important predisposing cause of chronic bronchitis and it renders persons twice as liable to coronary heart disease. One of the recommendations made by the Royal College of Physicians is that warning notices should be printed on packets of cigarettes or on advertisements if these are allowed to continue. This is a good measure provided the warning be clear and concise and not such as to breed contempt through familiarity.

C. SEXUALLY TRANSMITTED DISEASES

The sexually transmitted diseases include the legally defined venereal diseases namely syphilis, gonorrhoea, chancroid, and also other diseases such as lymphogranuloma venereum, granuloma inguinale and other non-specific genital infections or infestations. Altogether 526 persons resident in Preston were seen as new cases at the Special Clinic during the year. Of these, 174 were cases of gonorrhoea and nine were cases of syphilis. Of the remaining 343 cases about 40% did not require treatment through the Special Clinic. There were no cases of chancroid, lymphogranuloma venereum or granuloma inguinale.

Facilities for the treatment of seamen are made known to Ships' Masters by the Port Health Inspector. During 1970, 52 seamen attended the Special Clinic.

Table 41 in the Appendix gives statistics for the past 10 years. It shows that there has been some decline in syphilis but little variation in the figures for gonorrhoea. Of the 174 new cases of gonorrhoea seen in 1970 one was a case of ophthalmia in a new born infant.

While the majority of infections are reported to be acquired locally approximately one third of new infections with gonorrhoea in males have been acquired in other parts of the country.

New cases of syphilis seen at the Special Clinic during the year were all over 20 years of age. The percentage of teenagers among the new cases of gonorrhoea was slightly increased from 1970 with 12% of male cases and 25% of female cases being under 20 years of age.

D. TUBERCULOSIS

Incidence

Notifications of tuberculosis in 1970 totalled 61. As will be noted from Table 38 in the Appendix this is above the mean annual figure for the past 10 years. The increase in 1970 was, however, mainly in non-respiratory cases, 21 of these being notified. The number of respiratory cases at 41, although 13 above the record low figure of 28 in 1969, is only marginally above the 10 year average. Details of sex and age of the new cases notified during the year and the state of the tuberculosis register at the end of the year are shown in Tables 42 and 43 in the Appendix.

There were five notifications of the disease among Preston school children during the year. For one of these, subsequent investigations disproved the diagnosis. Details of the remaining four notified cases are as follows:

Primary tubercular pleural effusion	— 1 boy aged 11 years
Primary tubercular cervical adenitis	— 1 boy aged 15 years
Primary tubercular cervical and hilar adenitis	— 1 boy aged 12 years
Miliary tuberculosis	— 1 girl aged 7 years

Sources of infection within their own families were found in respect of the first two cases and also for the girl suffering from miliary tuberculosis. She was in fact awaiting an appointment at the Contact Clinic when her illness supervened. As there was another girl at the same school with symptoms suggestive of a tuberculous infection it was considered wise to examine forthwith members of school staff by x-ray and pupils from the relevant classes by tuberculin tests. No further cases of tuberculosis, however, were discovered in this screening and subsequent investigations on the suspect case already mentioned did not confirm a diagnosis of tuberculosis.

Statistics

Incidence rates per thousand population for 1970 based on the notification figures already given are 0.41 for respiratory tuberculosis, 0.20 for non-respiratory tuberculosis and 0.61 for both forms of the disease. With 559 cases of tuberculosis on the register at the end of the year (445 respiratory, 114 non-respiratory) the over all prevalence rate was 5.58 per thousand population.

There were three deaths from tuberculosis during the year, one from respiratory tuberculosis and two from other forms of tuberculosis or the late effects of the disease. This gives a case mortality of 0.54% and a death rate per thousand population of 0.01 for respiratory tuberculosis and 0.02 for other forms of tuberculosis including late effects with a combined rate of 0.03.

That a person with a previous history of tuberculosis, when resident in another part of the country and with existing severe chest symptoms should not seek proper medical attention is a sobering consideration. Such, however, was true of the one case who died from active respiratory tuberculosis in 1970. Diagnosis was only possible 24 hours before death. Even before all family contacts could be examined a secondary case had occurred in a young member of the family.

Prevention and After Care

Adequate treatment of tuberculosis, investigation of contacts and vaccination with B.C.G. where appropriate, routine B.C.G. vaccination of school children and population surveys by Mass X-ray; these are measures which continued to be used in 1970 in the prevention of tuberculosis. Follow up of cases and contacts by health visitors continued as a routine with one health visitor providing liaison with the Chest Clinic.

B.C.G. Vaccination of Contacts

Investigation of contacts at the Chest Clinic included tuberculin testing of 363 persons of whom 57 were tuberculin positive. Altogether 328 persons were given B.C.G. vaccination including 35 new born infants.

B.C.G. Vaccination of School Children

B.C.G. vaccination of school children at 13 years of age was continued during 1970. Surveys have indicated that this routine B.C.G. vaccination has played a definite though perhaps not a large part in reducing the incidence of tuberculosis in adolescents and young adults.

An acceptance rate of 85.7% for this routine B.C.G. vaccination is gratifying and is above the national average. Unfortunately absenteeism at the time of either the initial skin test or at the time of vaccination gives a reduced figure for those actually participating in the scheme. Thus consents were obtained for 1,583 of 1,846 pupils but only 1,335 of these were available for testing and reading. Absentees are subsequently followed up and there were 246 pupils, absentees from previous years, included in the 1970 programme. The percentage of positive reactors to tuberculin test was 16.4%. This figure is above the national average of about 10%. A factor accounting for this, however, is that over half of those children showing a strong tuberculin reaction (Heaf Grade 3 or 4) had a history and evidence of previous B.C.G. vaccination. All of those showing a strong reaction, irrespective of B.C.G. vaccination state, were referred for chest X-ray. There were 83 Preston children in this category in 1970. Of these, three children, all with histories of tuberculosis in the family, are requiring further follow up at the Chest Clinic.

Routine tuberculin testing of school children newly immigrant to the town was instituted in 1969 and is combined with medical examination. In 1970, 72 such children were tested of whom 37 were tuberculin positive, eight of these requiring referral to the Chest Clinic as strong reactors. No abnormal findings were, however, reported. B.C.G. vaccination was given routinely to negative reactors.

Mass Radiography

The recommendation made during 1970 by the Manchester Regional Hospital Board to the Department of Health and Social Security that there should be no further reduction in the mobile units operated in the region is welcomed. In 1968 certain reductions were effected when re-organization of Mass Radiography was introduced. It was recognised then that more time should be spent on examination of patients referred by general practitioners or on special surveys rather than on routine surveys or public sessions. In places with areas of immigrant population, however, there is still clear need for some public sessions and surveys in industry. Preston certainly qualifies for such a service.

During 1970 public sessions were held in the town centre during February and March. Altogether 2,540 persons were examined with one case of active pulmonary tuberculosis being discovered. In addition surveys were carried out at the Prison involving 303 persons and on 682 employees in industry or offices. No cases of tuberculosis were revealed in these surveys. A contact survey was undertaken at a local firm. Of the 164 persons examined one required further investigation at the chest clinic.

Monthly sessions of the mobile X-ray unit continued during the year at Saul Street Clinic for general practitioner and local health authority referrals. This service has proved valuable for pre-employment examinations, the periodic X-ray of persons employed in child care and for limited contact surveys.

E. IMMUNISATION

The schedule of immunisation introduced in Preston in January 1968 continued to be used in 1970. The only variation from the National Schedule is that smallpox re-vaccination is not given routinely during school life, while booster immunisation on leaving school includes the diphtheria prophylactic. In Autumn 1970 rubella vaccination was introduced as a routine for 13 year old girls.

The accompanying table gives the programme of immunisation in infancy and during school life. Triple antigen provides prophylaxis against diphtheria, whooping

cough and tetanus. Where primary immunisation against diphtheria, tetanus and poliomyelitis has not been received in infancy or subsequently this is offered at the times for booster immunisation.

Table 14.
Schedule of Immunisation — Preston.

Approximate Age	Prophylactic	Interval from previous Immunisation
6 months	1st triple antigen 1st oral polio vaccine	
Approx. 7/8 months ..	2nd triple antigen 2nd oral polio vaccine	After interval of 6 weeks
Approx. 13/14 months ..	3rd triple antigen 3rd oral polio vaccine	After interval of 6 months
15 months/2 years	Measles vaccination Smallpox vaccination	After interval of 4 weeks After interval of 4 weeks
5 years (school entry) ..	Booster diph./tetanus and oral polio vaccine	
13 years	Rubella vaccination (girls only) B.C.G. vaccination (tuberculin negative children)	After interval of 4 weeks
15 years (school leaving) ..	Booster diph./tetanus and oral polio vaccine	

There was no change during the year in the immunising arrangements. Thus health visitors undertook immunising of infants with triple antigen or oral poliomyelitis vaccine and measles vaccine, the clinic doctors carrying out medical examinations prior to commencement of the courses and subsequently where indicated. Smallpox vaccination continued to be administered by medical officers at the clinics. Immunisation was also carried out in homes by health visitors in certain cases where otherwise it would never be completed.

Triple Antigen and Oral Poliomyelitis Vaccine

At the end of 1969 the percentage of Preston children aged two-three years who had completed primary courses of immunisation against diphtheria, whooping cough and tetanus was 91%. At the end of 1970, however, the less satisfactory figure of 69% applied. Table 45 in the Appendix shows the increasing percentage of infants and young children immunised through the age range one-five years. Over 90% of four-five year old children have received full courses of immunisation against diphtheria, whooping cough and tetanus.

The percentages of children immunised against poliomyelitis according to year of birth are shown in Table 47 in the Appendix. This shows that 72% of children aged two-three years had completed poliomyelitis vaccination by the end of the year. It also shows, however, that less than 80% of children have received this protection by the time they enter school. It is difficult to account for the disparity between percentages for triple immunisation and poliomyelitis vaccination. Such a difference is not evident in the majority of other local authorities in the north-west as indicated in the table below. Certainly poliomyelitis vaccine should not be administered in the presence of gastro-intestinal illness but it may be that unnecessary restriction in its use is occurring for children with recent history of such illness. This and any other possible factor will be investigated with a view to achieving greater correspondence between triple and poliomyelitis immunisation.

Table 15.
Immunisation — Comparative Analysis 1969.

Table 15.							
Immunisation — Comparative Analysis 1969.							
Local Health Authority	PERCENTAGE OF CHILDREN IMMUNISED BY 31/12/69						Smallpox (children under 2)
	Children born in 1967			Children born in 1968			
	Whooping Cough	Diphtheria	Poliomyelitis	Whooping Cough	Diphtheria	Poliomyelitis	
	(1)	(2)	(3)	(4)	(5)	(6)	
Barrow-in-Furness ..	67	69	75	50	51	53	40
Birkenhead	64	65	56	54	54	33	22
Blackburn	69	69	70	65	65	63	48
Blackpool	72	73	65	50	50	45	15
Bolton	71	71	69	57	58	56	37
Bootle	60	60	51	44	45	37	16
Burnley	82	82	62	63	63	52	13
Liverpool	57	58	69	42	43	42	15
Manchester	65	67	66	50	51	50	13
Oldham	63	64	63	52	52	48	12
PRESTON	91	91	70	47	47	47	21
Rochdale	64	67	68	54	55	56	10
St. Helens	70	71	71	59	60	61	19
Salford	77	77	78	53	53	53	22
Southport	84	85	80	63	63	58	37
Stockport	70	72	72	65	65	64	31
Wallasey	73	74	69	52	54	50	25
Warrington	62	63	62	53	54	54	32
Wigan	82	83	84	86	87	87	49

Measles Immunisation

Immunisation against measles involves one injection of the vaccine containing the Schwarz strain of attenuated measles virus. Table 48 in the Appendix shows the number of immunisations carried out since the inception of the scheme in 1968. The

withdrawal of vaccine containing the Beckenham strain of measles virus in March 1969 accounts for the low figures for that year. Despite availability of supplies throughout 1970 the figures indicate some reluctance to accept this immunising procedure. Only a small number of children aged one-two years will have had the illness measles as confirmed by the fact that there were 114 children in this age group notified as cases of measles during 1969-1970. Allowing for this less than 25% of eligible children aged one-two years have been immunised against measles.

Smallpox Vaccination

Since 1969 smallpox vaccination has been offered routinely at clinics to children in their second year of life. As Table 15 indicates 21% of children under two years of age had been vaccinated by the end of 1969. The total number of primary vaccinations carried out in 1970 was 885, an increase of about 350 for the figures for 1968 and 1969. Of the 885 vaccinations 682 were carried out at a clinic and 203 given by general practitioners. The effect of this increased vaccination is that an estimated 15% of children under two years of age had been vaccinated by the end of 1970.

Rubella Immunisation

Rubella is normally a very mild illness and complications are rare. Eradication of the disease would necessitate a scheme of mass immunisation and to achieve it adequate acceptance of immunisation over the years would be essential. To obtain this, however, would be difficult for an illness so mild as rubella. The possibility of damage to an unborn child whose mother becomes infected with rubella during pregnancy is the sole justification for immunisation. It is estimated that at least 20% of women infected during the first four months of pregnancy will bear children affected by the congenital rubella syndrome which includes congenital abnormalities such as severe heart defect and deafness. Furthermore, it has been shown that even infection in the later months of pregnancy is not without risk to the infant who may acquire the disease before birth. In this country selective immunisation has been adopted rather than mass immunisation. National policy is for girls to be immunised before entering their child bearing years. There will still be some experience of the illness rubella in younger children of both sexes and also throughout the male population but this has the advantage of maintaining a certain level of natural immunity.

The national scheme for routine rubella immunisation of schoolgirls was anticipated in Preston by a pilot survey carried out mainly during the summer term 1970.

The Pilot Survey

Acknowledgement with gratitude is made to Dr. D. N. Hutchinson, Consultant Virologist, who undertook a great deal of work involved in this survey and supplied the results contained in the following summary. The survey covered girls in their third, fourth and fifth years at the nine comprehensive secondary schools in the town and subsequently during September girls attending the Sixth Form College. Members of the female teaching staff in these schools were also given the opportunity to participate in the survey. The scheme included an initial blood test to assess immunity. On the laboratory results girls were classified as either sero-positive (immune) or sero-negative (non-immune). Those shown to be sero-negative were given one injection of rubella vaccine containing live attenuated rubella virus either of the Cendehill or of the R.A. 27/3 strain. After approximately two months further blood tests were carried out on those vaccinated. In all cases a satisfactory antigenic response was obtained.

Results of the pilot survey are shown in the accompanying Tables while Table 49 in the Appendix shows the total number of immunisations carried out in this scheme. Table 16 gives the number of pupils participating from the various secondary

schools according to school years. It will be seen that of 1,830 girls eligible, consents were obtained for 1,236 (67.5%) of whom 1,156 were available for testing. While considerable variation in the percentage of sero-negative girls was noted from school to school the over all finding that 15.6 were non-immune accords with results of other surveys. Table 18 shows the age distribution of rubella susceptible schoolgirls and also the proportion of staff who were non-immune. Table 17 shows symptoms reported by girls who received either the R.A. 27/3 or Cendehill strain of the vaccine. It should be noted that none of the reactions from the vaccine were sufficient to warrant absence from school although some of the girls with evidence of rash were excluded for a day or two. The figures shown in this Table suggest a greater proportion of reactions to the vaccine containing R.A. 27/3 virus than to the vaccine containing the Cendehill strain. This difference, however, may partly have been accounted for by the higher proportion of Sixth Form College Pupils receiving the R.A. 27/3 vaccine. Pupils of grammar school calibre are more likely to report reactions through greater awareness.

Alleged history of an attack of rubella may in many cases be false in that other virus infections, including infection with the cytomegalo virus, may mimic the symptoms of rubella. While application of a blood test to assess immunity prior to offering rubella immunisation might appear the logical procedure, in practice there are administrative difficulties and routine rubella immunisation for all schoolgirls irrespective of any stated history of the disease in the past has become national policy. This procedure providing primary immunisation to the non-immune may for others reinforce any naturally acquired immunity.

Routine Rubella Immunisation

Nationally supplies of rubella vaccine containing the Cendehill strain of rubella virus became available in September 1970 for immunisation of girls in the age range 11-14 years. In Preston immunisation for 13 year old girls was introduced in October 1970, all girls born between September 1956 and August 1957, of whom there were 893, were included in this initial programme. Consents were obtained for 698 (78.2% of the group concerned) which is a gratifying response to a new procedure. There were 641 girls immunised with the rubella vaccine. All absentees are being followed up in 1971 to ensure as complete coverage as possible. Further details are shown in Table 49 in the Appendix.

Consideration has been given to the administration of rubella vaccine intranasally. This well may prove a simpler, pleasanter and more natural mode of application, with a better safety level than the injected vaccine. At the time of writing, arrangements are being made to carry out a trial of this intranasal immunisation for those suspect girls who will be due to have rubella vaccine in the Autumn term 1971. In this trial, blood tests will be taken to assess residual immunity and antigenic response to the vaccine.

Rubella Immunisation of Women of Child Bearing Age

Pregnancy is an absolute contra-indication to the use of rubella vaccine. It would seem, therefore, appropriate to offer rubella vaccination to any susceptible mother immediately after the birth of an infant. Accordingly the Public Health Laboratory carry out serological tests on pregnant women to assess immunity to rubella, before the vaccine is offered. Those found to be non-immune are offered rubella immunisation immediately after delivery. In view of their repeated close contact with pregnant women immunisation against rubella is advisable for midwives who have been shown by blood test to be non-immune and arrangements are being made for this to be carried out in Preston.

Table 16.
Rubella Immunisation — Pilot Survey — April - September, 1970

School	Total No. in groups	No. Con- sents	3rd year			4th year			5th year			6th year			Total		
			Exam.	No. neg.	% neg.	Exam.	No. neg.	% neg.	Exam.	No. neg.	% neg.	Exam.	No. neg.	% neg.	Exam.	No. neg.	% neg.
Brockholes: Academic Dept.	92	47	17	2	11.8	24	9	37.5	—	—	—	—	—	—	41	11	26.82
Commercial Dept.	91	38	26	2	7.7	10	—	—	—	—	—	—	—	—	36	2	5.55
Technical Dept.	50	30	10	2	20.0	19	2	10.5	—	—	—	—	—	—	29	4	13.79
Ribbleton Hall ..	242	130	39	2	5.1	52	6	11.5	25	4	16.0	—	—	—	116	12	10.34
William Temple ..	120	76	43	11	25.6	14	2	14.3	17	6	35.3	—	—	—	74	19	25.67
Ashton ..	152	108	50	10	20.0	27	8	29.6	20	3	15.0	—	—	—	97	21	21.64
Tulketh ..	164	126	48	9	18.7	47	7	14.9	18	3	16.7	—	—	—	113	19	16.81
St. Thomas More ..	131	78	53	3	5.7	16	—	—	6	—	—	—	—	—	75	3	4.0
St. Edmund Campion ..	118	94	42	4	9.5	33	3	9.1	12	1	8.3	—	—	—	87	8	9.19
St. John Southworth ..	156	111	47	5	10.6	42	2	4.8	16	2	12.5	—	—	—	105	9	8.57
St. John Fisher ..	128	79	26	6	23.1	36	8	22.2	5	—	—	—	—	—	67	14	20.89
Sixth Form College ..	386	319	31	11	35.5	20	6	30	89	21	23.6	176	21	11.9	316	59	18.6
Totals ..	1830	1236	432	67	15.5	340	53	15.6	208	40	19.2	176	21	11.9	1156	181	15.6

Table 17.
Symptoms Reported by Schoolgirl Vaccinees
Pilot Survey — Preston, 1970

	RA 27/3	Cendehill
Number questionedd	96	54
Number reporting symptoms	25	6
Symptoms: Sore throat	14	4
Lymphadenopathy (occipital & post cervical)	2	1
Fever	2	1
Rash	8	0
Local Re-action	3	1
Nausea	1	0

Table 18.
Age Distribution of Rubella Susceptible Schoolgirls
Pilot Survey — Preston, 1970.

Age (years)	13	14	15	16	17	18	Staff
Number examined ..	170	428	284	161	104	12	76
Number non-immune ..	30	64	49	22	14	3	13
Percentage non-immune ..	17.6	15.0	17.3	13.7	13.5	—	17.1

Environmental Control

1. ENVIRONMENTAL HEALTH SERVICE

(a) General Observations

The application of the provisions of the Public Health Acts and allied legislation changes year by year so that what was being enforced yesteryear is replaced by other action today.

Visiting common lodging houses is generally a thing of the past, many offensive trades have disappeared, the testing and repair of drains to older houses has been reduced to negligible proportions with the demolition of many of the sub standard houses and so with many other routine tasks of the past.

But in their place have come other demands on the environmental health services when the local population have been encountering some of the new problems of present day living.

Noise, house improvement, atmospheric pollution, food stuffs prepared and sold by modern techniques, working conditions in offices and shops and many other problems call for vigilance from the Public Health Inspectorate.

Resulting from these changes the compilation of records of work done and visits paid has of necessity also had to be amended to enable the present tasks undertaken in the department to be itemised.

The format of this section of the report in consequence has been changed, many old headings have gone, others now detail today's functions by the staff under the Public Health Acts of 1936 and 1961 as well as the other enabling powers applied by the environmental services which were carried out during the year under review.

(b) New Legislation

Each year sees something like 10 or more new Acts, Regulations, Orders etc., added to this list of powers to be enforced, so that a total of several hundred statutes of one kind or another have now to be applied as necessary by the staff. Many of these requirements are obscure and used only infrequently whilst others are the new day to day powers being enacted to cope with modern living.

The year 1970 was no exception and the following 14 enactments became operative.

Office, Shops and Railway Premises Act, 1963 (Exemption No. 9) Order, 1970.

The Cheese Regulations, 1970.

The Artificial Sweeteners in Food Regulations, 1969.

The Soft Drinks (Amendment) Regulations, 1969.

The Soft Drinks (Amendment) Regulations, 1970.

The Cream Regulations, 1970.

The Labelling of Food Regulations 1970 (Amendment to 1953 Regulations 1, 2, 33, 34, 35 and Schedule 6).

The Food and Drugs (Milk) Act, 1970.

Gipsy Encampments—Part II of the Caravan Sites Act, 1968.

The Smoke Control Areas (Exempted Fireplaces) (No. 2) Order, 1970.

The Smoke Control Areas (Authorised Fuels) Regulations, 1970.

The Smoke Control Areas (Authorised Fuels) (No. 2) Regulations, 1970.

The Fertilisers and Feeding Stuffs (Amendment) Regulations, 1970.

(c) Staff

There were no changes amongst the Public Health Inspectorate during the year. This in itself was a refreshing change in that it allowed work to be carried to con-

clusion by individual members of the staff and at least ensured continuity, instead of inspectors being called on to take over work already commenced by someone else which frequently retards progress. It is also hoped the fact that staff remained indicated some degree of satisfaction with their appointments by those concerned.

An appointment recommended by the Organisation and Methods Survey made during 1969 was brought into being in 1970, that of Pest Control Officer, Mr. J. Singleton of Fulwood taking up duties in that capacity on the 1st July.

One long serving clerk in the Public Health Inspectors Section, Mrs. M. Harrison, left to take up an appointment with another department of the Corporation. She has been replaced from within the department.

Because of a reduction in the establishment of students from four to three there were no changes on this Section. The three boys under training each passed the varying stage examinations which they had each respectively reached during the year.

The R.A.F. student under practical instruction in the department on a 12 monthly basis was successful in passing the qualifying diploma of the Public Health Inspectors Examination Board. He has since been replaced here by another student from the forces.

In furtherance of their technical knowledge and approaches to the new problems the following courses were attended by members of the staff during 1970.

Grit Measurement, Salford—2nd-3rd April.

Grit Measurement, Salford—9th-11th September.

Royal Society of Health, Symposium of Food Inspection, Leeds—one day.

Association of Public Health Inspectors' Symposium of Food Inspection, Lancaster—3rd, 4th and 5th July (weekend).

Association of Public Health Inspectors' Symposium of Food Inspection, Lancaster—3rd, 4th, 5th July.

Rodent Control, Penwortham—25th and 26th February and 8th October.

1. EXERCISE OF FUNCTIONS UNDER PUBLIC HEALTH LEGISLATION

(i) Inspections and Visits

The pattern of general complaints has continued to show a swing away from those concerned with the structural condition of houses and towards what can only be described as unneighbourliness, noise, the dumping of rubbish, misuse of premises and the like.

There has remained fairly constant complaints of vermin and other infestations.

Many of the complaints on investigation were found to be groundless based on prejudice, or revengeful without any possible grounds for action, besides which were the usual crop of demands for action on all manner of matters which were of no concern to this department, but which nevertheless the complainants usually insisted should be the department's responsibility.

In all some 6,770 visits and inspections were paid by staff investigating and sifting through the real from the imaginary as well as carrying out the routine visiting described below.

It was necessary to serve 130 informal and 45 formal notices to bring about improvements in those cases found to justify action.

Besides the above the newly appointed Pest Control Officer from commencing duty in July to the end of the year was called upon to visit no less than 772 premises in connection with complaints of vermin or other infestations. Of these some 626 had some kind of infestation necessitating action by either the department or the occupant concerned.

In addition to which this officer also supervised a sewer baiting campaign during the year.

(ii) Control of Caravan Sites

One site is licensed under the provisions of the Caravan Sites and Control of Development Act 1970. This is small, occupied by only four vans and is well conducted and equipped. The occupants of the vans are all elderly and all ex-members of the Showman's Guild.

The itinerants who have created such unsatisfactory conditions and controversy in recent years have slowly decreased in numbers. This has come about mainly through an agreement between the Council's officers and representatives of the caravan occupiers. This is to the effect that the number of such vans in the town shall not exceed 15 until the question of the Council providing a permanent site under the provisions of the Caravan Sites Act 1968 is settled. This situation remains unresolved because the Council are awaiting a decision from the Ministry on their application for exemption from the provisions of the Act requiring them to provide a site.

In fairness it can be said the caravanners have observed their side of the bargain. None the less the sites used by those remaining in the town leave much to be desired, being littered with all manner of waste, whilst refuse and washing water is dumped haphazardly around the area of the vans.

(iii) Common Lodging Houses

There are no longer any licensed common lodging houses in the Borough.

(iv) Places of Public Entertainment

Close liaison has been maintained with the Borough Fire Brigade who are now the Authority responsible for the licensing of all places of public entertainment in the Borough.

Through frequent visiting and annual re-licensing close control is maintained on sanitary matters, which come within the responsibility of this department, which are well up to standard and maintained at a high level. The only cause for comment is usually found to arise from misuse or because of minor items of disrepair.

(v) Offensive Trades

The control of such premises is now of minor proportions compared with the past, there are only 10 offensive trades operating in the Borough, six of these are dealers in rags, the remaining four being a leather dresser, hide dealer, gut scraper, and bone dealer. All call for diligent control, the effectiveness of which can be measured by the fact that no complaints of any kind have been made against these establishments. In fact the major part of the population are not even aware of the existence of such places.

(vi) Disinfestation

(a) Insect Pests

During the year a break down of disinfestation treatments was as follows, for bed bugs 21, cockroaches 40, ants 4, earwigs 5, maggots 2, mites 1, fleas 9, silverfish 3. In addition treatment of furniture before removal from condemned houses to Council houses was carried out in 31 instances.

There has been a certain amount of teething trouble in that this and the following services have for the first time come under the direct control of the newly appointed Pest Control Officer already referred to. These have mainly been due to staff shortages and transport difficulties. Nevertheless by the end of the year it was apparent this centralised control would be a great asset to the department.

Cockroaches seem to be the main cause for complaint once more, this has been a feature of the past few years. One interesting point in this connection is that 32 complaints of cockroaches came from Council house tenants mainly on the Callon estate. Whether this is due to the original use of a large part of the Callon estate as a municipal tip is not certain.

Of the 21 complaints of bed bugs, nine could have been avoided if reasonable standards of hygiene had been observed by the complainants. The remaining complaints in this group were in respect of houses adjoining dirty houses or where second hand beds or bedding had been purchased.

There has only been one call for the use of the steam disinfector following a fatal case of tuberculosis.

The disinfector is kept in full working order and is operated at least once weekly not only to keep the plant in order but to allow staff opportunities to manipulate it.

We are again indebted to the Ministry of Agriculture, Fisheries & Foods Entomological Division in the identification of some insects and other pests and for guidance in treatment of some of the more obscure.

(b) Rats and Mice

One poison treatment of the town's sewers was carried out following 10% test baiting. In all, 911 manholes were treated on a 1:4:8 basis. A warfarin oatmeal bait with a paranitrophenol mould inhibitor was used. A total of 211 manholes showed takes at this treatment.

In spite of there being readily available rodenticides for the public use, numerous complaints from all areas of the town continue to be received. Many alleged to be rats subsequently turn out to be mice.

Defects in drains found to be allowing the egress of rats have had to be dealt with in 15 cases.

Derelict land, brooks and streams and tips have all been test baited for the presence of rats.

One factor which does not help rodent control work is the habit of feeding birds by many people, bread and other food scraps as well as corn and pigeon peas are scattered in many areas of the town daily. This not only feeds pigeons and other birds but in some cases attracts rats. Whilst every effort is made to discourage people many avowed bird lovers resist all approaches.

In increasing numbers of minor infestations mice have shown resistance to anti-coagulants, and complainants by using minimal doses of these poisons have been found to be immunising the mice rather than killing them. This problem has also arisen in some food shops under contract to servicing companies who do not seem to get to the root of the trouble.

One complaint worthy of mention came from a lady who rang to say in a terrified state that there were rats under her bay window. A quick visit revealed the cause of the trouble to be a pet hamster which had escaped from a neighbour's yard.

(c) Pigeons

Feral pigeons continue to cause trouble in various parts of the town.

After many trials with various ways of dealing with this growing menace it is certain the best means to date is by trapping, and there are now some seven traps in almost continuous use in different parts of the town. By this means 760 pigeons were disposed of in 1970.



RODENT CONTROL
ABOVE—ROUTINE SEWER TREATMENT
BELOW—TREATMENT OF BREEDING AREAS



The biggest obstruction to progress in this field is the misguided bird lover who disturbs traps. Several have even been removed without trace. The same people generally scatter food about only adding to the general nuisance being caused.

2. FERTILISERS AND FEEDING STUFFS ACT

During the year nine fertilisers and eight feeding stuffs were examined by the Agricultural Analyst.

3. RAG FLOCK AND OTHER FILLING MATERIALS ACT

Seven premises using filling materials to which the Act applies remain on the register. There are no licensed producers of or storage premises for rag flock. Only one of the registered premises uses fairly large quantities of filling materials in the manufacture of beds, while the others confine their activities to using small quantities for the making of furniture.

The amounts of filling materials to which the Act applies have fallen considerably, being superseded by synthetic and rubber foam products.

4. PUBLIC CONVENIENCES

With the provision of separate accommodation for bus crews the public conveniences at the Bus Station are gradually becoming fully available for the travelling public, but some delay is arising through the slowness with which privately locked w.c. compartments are being adapted for public use by the fixing of coin operated locks.

It has again not been possible to replace existing obsolete facilities or provide new ones in districts where none at present exist because of financial considerations.

Another major problem which is ever present is obtaining sufficient staff to man both the attendant and cleaner sections of the service. People will not work for the pay offered except in extremity, nor will they willingly work the hours and times required to maintain an efficient service.

The effect is particularly embarrassing in the manned central town accommodation. On many occasions it has been found necessary to close down the wash room facilities because there was no attendant available to take charge.

During the year a survey of all existing conveniences and considered needs in the town was made. It is hoped to use this to plan for future provision and replacement, as the time is fast approaching when this cannot be put off any further, and at least a start must be made to provide adequate modern facilities throughout the town wherever needed.

5. PHARMACY AND POISONS ACT

In accordance with Part II visits were paid in connection with registrations. These are in the main small mixed shops selling proprietary disinfectants, and insecticides, included in the poisons listed under Part II of the Act.

6. HAIRDRESSING ESTABLISHMENTS

Little of note occurred in connection with hairdressing establishments during the year. Routine visiting continued to ensure by law standards were maintained.

Thirteen hairdressing premises were registered during 1970.

7. NOISE ABATEMENT

Although road traffic makes the largest contribution to overall noise, little if anything appears to be done to control this ever growing menace. Regulations made under the Road Traffic Acts prescribe statutory limits for noise emitted by various classes of road vehicles but it is an everyday occurrence to hear vehicles (motor cycles and heavy lorries in particular) in Preston's streets emitting noise greatly in excess of the modest legal standard. No doubt the complexity of the prescribed test has deterred the enforcing authority from operating the Regulations.

Noise control work by the Public Health Inspectors has again this year been concerned mainly with noise from industrial and building operations. Surprisingly few complaints are received about nuisance from the operation of power tools and mechanical equipment on building sites and street works although these are a regular source of high level noise. Whether complaint is made or not it is the practice of the Department to draw the attention of plant operators to the necessity for using the best available means to minimise noise and much more could be done by them with a little forethought and consideration for others.

As usual a few complaints were received which were obviously inspired by discord between neighbours and in such cases the Public Health Inspector's role as a discreet peacemaker was more effective than his authority under the Noise Abatement Act.

In two cases formal action under the Act was considered to be necessary. A firm who specialise in laying asphalt surfaces set up a diesel-engined asphalt melting machine in the open near a large factory construction site. Nearby residents complained of the noise from this machine which was left running throughout the night to keep the asphalt molten for the next day's work. The noise nuisance was considered to be so serious as to justify immediate action especially as the firm in question had been previously warned about noise nuisances arising from their operations. Authority was quickly obtained to serve an abatement notice under the Act requiring the abatement of the nuisance within 48 hours. The firm moved the machine to another position some distance away from houses and in this way the nuisance, which otherwise would have continued for several weeks, was successfully abated within four days of receipt of the complaint.

In contrast to this rapid solution of a problem was the case of noise arising from the night-time operation by a container ferry firm at Preston Dock of diesel operated machines to move and lift containers weighing up to 30 tons each. The noise disturbed the sleep of residents in nearby private and council houses. As informal approaches to the firm during late 1969 had failed to produce any substantial improvement the Public Health Inspector concerned spent many nights in the area listening to and measuring the offending noise and compiling a dossier as a basis for possible formal action. An abatement notice was served on the firm in February, 1970 and as this was not complied with the case was brought before the Borough Magistrates Court, after some legal delays, in November. The magistrates found the noise to be a statutory nuisance, rejected the firm's contention that there were defects in the Council's notice and declined to accept the defence that the best practicable means had been used for preventing and counteracting the noise. They made an Order requiring the abatement of the nuisance within three months. The defendants then appealed to Quarter Sessions against the magistrates Order but by the end of the year no date had been set for the hearing of the appeal. By the time this appeal is determined the noise complained of, though possibly reduced slightly from its original level, will no doubt have continued for a period exceeding two years.

Other noise nuisances dealt with during the year arose from a launderette, a steel works, central heating plant and pneumatic tools and compressors used on building sites.

8. FACTORIES

Activities under the Factories Act are as set out in the following tables.

This was a routine year for factory visiting. I think it can be safely said that factory owners are aware of their obligations and rarely step out of line.

Factories Act, 1961.**Table 19.
Inspections.**

Premises	No. on the Register	No. of Inspections	No. of written notices	No. of Prosecutions
Non-mechanical factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	87	11	1	—
Mechanical factories in which Section 7 is enforced by the Local Authority	747	14	—	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	9	9	—	—
Totals	843	34	1	—

**Table 20.
Defects.**

Particulars and Section	No. of defects found	No. of defects remedied	No. referred		No. of Prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7) :					
(a) Insufficient... ..	1	1	—	1	—
(b) Unsuitable or defective	1	7	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act	—	—	—	—	—
Totals	2	8	—	4	—

Table 21.
(Sections 133 and 134).

Nature of work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
	—	—	—	—	—	—

9. WATER

The following information has been supplied by the Manager of the Preston and District Water Board, Mr. J. F. Bailey, A.M. Inst. C.E., M. Inst. W.E., to whom I am indebted.

The supply to all consumers was satisfactory both in quantity and quality, although the taste and odour problem experienced during the last two years did re-occur to a rather lesser extent during the late spring and early summer. The pilot plant installed during the summer was successful in removing the taste and odour occurring during part of the summer. Owing to factors involved in the extension of the Board's area to the south and the more far-reaching affects of the results of the deliberations of the Lancashire River Authority as to the origin of future sources of supply in the whole of the region, it has not been considered prudent at this stage to put forward the scheme prepared for a full-scale plant at Alston.

No incidence of extraordinary contamination occurred during the year and therefore only normal treatment was required.

The population for the Borough in mid 1970 was estimated at 100,140, all of which were supplied direct to houses from the public water mains.

The fluoride content has remained constant within reasonably low limits for many years and no new source of supply has been added to affect this.

Samples of raw water from the Intakes, Aqueducts and Storage Reservoirs were taken at regular intervals according to a pre-determined programme. A total of 115 samples were examined.

Regular check samples for bacteriological and chemical analysis were also taken at consumer premises by the Water Board and ourselves and they were again consistently highly satisfactory.

The pH value of the water leaving the White Bull Treatment Plant is automatically controlled to give a value of 8.0 (colourimetric tests) by the addition of a solution of light sodium carbonate. This gives satisfactory readings from all points of the supply area.

As usual the eight checks for radio-activity were carried out at the Manchester Corporation Waterworks Laboratory and all were satisfactory.

10. SEWERAGE

I am indebted to Mr. R. A. Aspden, C.ENG., M.I.C.E., F.I. MUN. E., M. INST. H.E., Director of Development and Works, who advises me that the arrangements for sewerage and sewage disposal in the borough are considered satisfactory.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

(a) General

A review of the working of the Act shows that year by year the environment and working conditions of employees continue to improve and in many cases the facilities provided by employers are far in excess of the minimum required by the Act.

In 1970 the programme of second inspections continued with some success. Most premises in the town comply with the provisions of the Act and Regulations, and the emphasis on inspection has changed in many cases from purely enforcement to a programme of planned improvement of premises, to the benefit of both employer and employee. The response to these suggested improvements has been good, many employers recognising the advantages to be gained from improved staff amenities in the field of staff/management relationship and improved efficiency.

Commercial redevelopment in the town continues at a high rate. The plans of proposed premises are examined and, when required, amendments requested to ensure that new premises comply with the provisions of the Act. The applicant and his architect are usually amenable to suggestions at the design stage as it avoids the possibility of expensive alterations after the premises are completed.

Responsibility for the enforcement of the Act in factory, Crown and Local Authority premises is by H.M. Inspector of Factories. Matters relating to fire precautions are dealt with by Preston County Borough Fire Brigade. A high level of co-operation has been maintained throughout the year with their staffs.

Section 60 of the Act requires local authorities to make an annual report to the Department of Employment and Productivity giving certain statistical information. The particulars which have been given for the year ending 31st December, 1970 are shown, under the appropriate headings, in tables 22 and 23.

(b) Registration and General Inspection

Persons employing or intending to employ staff must give notice of the fact to the appropriate authority on the prescribed form OSRI. It has been found in the past that many employers, unaware of their duty, had failed to notify this authority as required. During the year an intensive survey of the Borough brought to light many such cases and appropriate action was taken to register the premises. In addition notice of the employers' duty in this respect was published in a local paper on several occasions and this brought a good response from employers. The survey has also shown a number of premises which had been registered but to which the Act, for one reason or another, no longer applied. As a result of the survey and other publicity a total of 522 new registrations were recorded and 275 registrations were cancelled.

The general inspection of registered premises continued satisfactorily. A system of classifying premises by the frequency with which visits should be made was started during the year. For example, a new office block, with all modern facilities need not be inspected as frequently as premises in an old and dilapidated building.

Table 22. Registrations and Inspections.			
Class of Premises	Number of premises newly registered during the year	Total Number of registered premises at the end of the year	Number of premises receiving one or more general inspections during the year
Offices	135	608	133
Shops... ..	257	865	123
Wholesale shops/ warehouses	56	142	65
Catering establishments/ Canteens	24	121	63
Totals	472	1,736	384
Number of visits of all kinds (including general inspections)			 5,115

(c) **Prosecutions and Exemptions**

Due to the continued co-operation of owners and occupiers of premises no formal action was required during the year and no prosecutions taken. All contraventions found on inspection were dealt with informally and promptly.

The Act makes provision for the exemption by certificate of some premises from certain requirements, e.g. temperatures, sanitary conveniences, etc., where compliance is not reasonably practicable. No applications were received for exemption certificates during the year, and no certificates are in force.

(d) **Persons Employed on Registered Premises**

The number of persons employed on registered premises in the Borough is 18,562, an increase of 2,354 over 1969. This is due mainly to the efforts made to bring registration up to date, but also reflects the number of new commercial premises completed during the year.

Table 23. Analysis of Workplace of Persons employed on Registered Premises at end of year.	
Class of workplace	No. of persons employed
Offices	9,689
Retail shops	5,233
Wholesale departments, warehouses	2,283
Catering establishments	1,246
Canteens	111
Total	18,562
Total Males	7,944
Total Females	10,618



OFFICES AND SHOPS ACT—INSPECTION OF INTERLOCK GUARDS AND INSTRUCTION OF STAFF
BY A PUBLIC HEALTH INSPECTOR

(c) Accidents

Workers in offices, shops, catering premises etc., are usually considered to be employed in "safe" working conditions. It is true that many accidents which occur on these premises are minor, but some are serious, a few are fatal.

The Secretary of State for Employment and Productivity reports that in 1969 19,018 accidents were notified in England and Wales under Section 48 of the Act and of these 20 were fatal. A notifiable accident is one which causes death, or disablement of an employee from doing his normal work for more than three days. It is certain that by no means all notifiable accidents are in fact notified and the economic loss alone must be considerable added to the pain and anguish caused to the unfortunate sufferers.

45 accidents were reported in the Borough during the year, fortunately none of them were fatal. In 1970, as in previous years falls of persons were the commonest accidents notified, and the causes of these falls were similar too—tripping, slipping on wet floors, falls for no apparent reason at all. Many accidents are caused through lack of thought, carelessness, and occasionally sheer stupidity as when using defective ladders for example.

During the course of routine inspections particular attention has been paid to accident prevention, and the attitude of both employer and employee to this subject. It is very difficult to combat the attitude of "I've been here 40 years and never had an accident" and "It can never happen to me". Only by discussion and example can this attitude be overcome, and this is the line taken by the inspectors concerned. Whenever possible a thorough inspection of the premises was made with a senior member of staff and hazards actual and potential pin-pointed and the remedies discussed. In all cases dealt with in this way the reaction of both management and staff was favourable, they appreciated the many dangerous actions and risks they had been taking without thought. In a number of the larger establishments the appointment of a safety officer has been made—usually a senior member of staff is given this extra duty. Advice is of course always available from this Department and it is hoped that as employers become more safety conscious use will be made of the service we can provide.

(f) Hoists and Lifts Regulations

These Regulations provide for the safe construction, maintenance and periodic examination of goods and passenger lifts, and make provision for safety devices and maximum safe working loads.

Inspection of lift mechanism etc., is of course a specialist field and is left to competent persons, i.e. qualified lift engineers, who are employed mainly by insurance companies and the lift manufacturers themselves. Enforcement of the Regulations is however the duty of the local authority and any defects found by the engineers must be notified to them. A close liaison is maintained with all interested parties to ensure that the requirements of the Regulations are met fully.

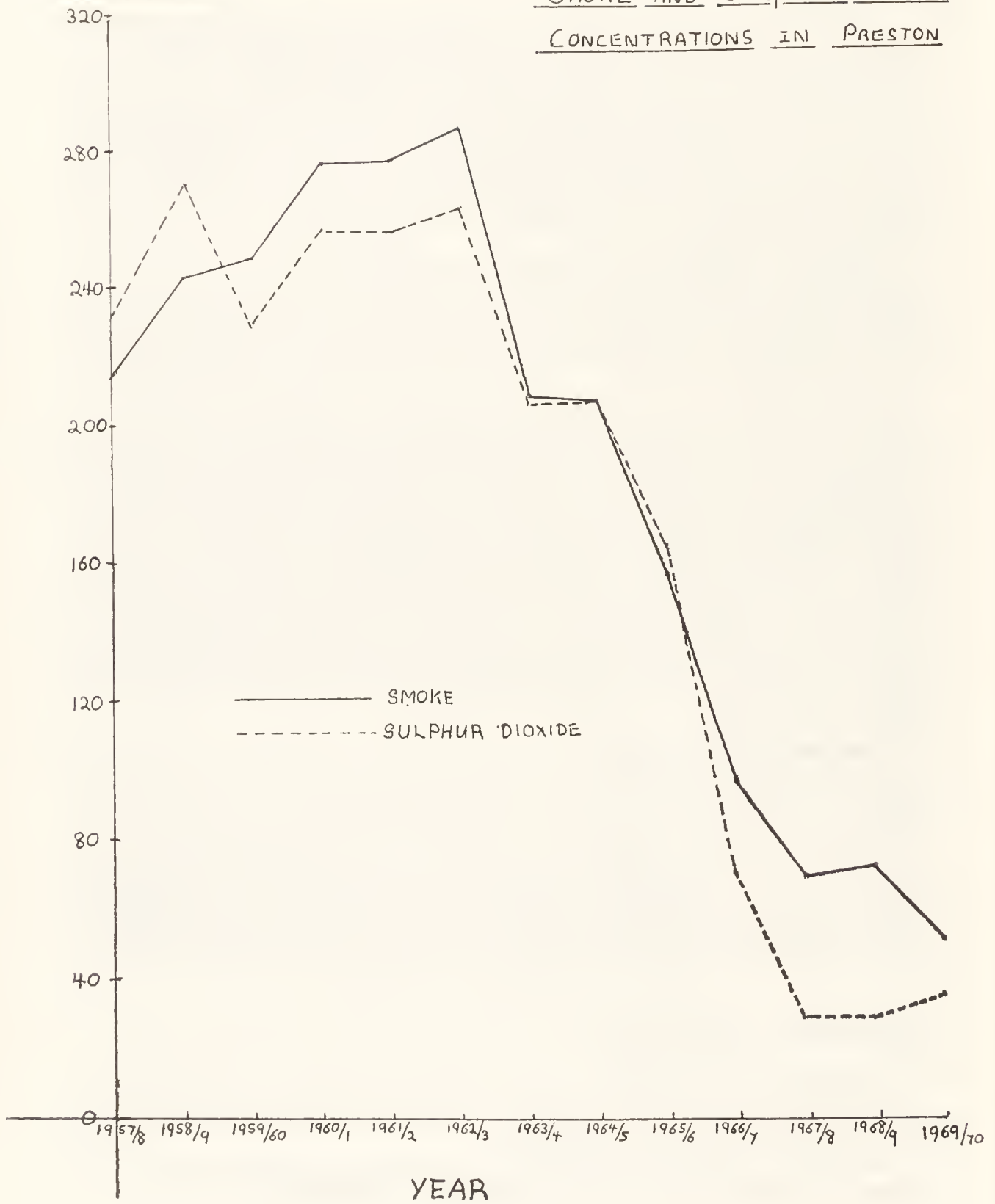
ATMOSPHERIC POLLUTION**(a) Investigation of Air Pollution**

Measurement of smoke and sulphur dioxide concentrations in Market Street were made daily both for local information and as part of the National Survey of Warren Springs Government Laboratory.

The graph on page 68 shows the low levels that are now being attained in the Borough, a reflection of the Council's smoke control programme.

Microgrammes per cubic
meter of air

SMOKE AND SULPHUR DIOXIDE
CONCENTRATIONS IN PRESTON



(b) **Smoke Control Areas**

During the first six months of the year work proceeded on No. 21 Area which became operative on the 1st June, 1970.

A higher proportion of houses than estimated were found to be already "smokeless", so that the cost of the area was well within the allocation.

The choice exercised by householders in selecting appliances changed slightly: gas fires 79%, solid fuel appliances 12%, electric appliances 9%. Electric appliances gained some 3% at the expense of gas fires compared with some previous areas. The opportunity to convert fireplaces to more modern methods of heating was well received by the people in the area and the public are increasingly requesting smoke control to be started in their area.

Following No. 21 area, survey work was carried out on two more areas which were made as follows:

No. 22 comprising 50 acres in the Porter Street area, containing an estimated 169 dwellings and 21 other premises and,

No. 23 comprising 50 acres in the Tulketh Brow area containing some 782 dwellings and 81 other premises.

Supplies of solid smokeless fuels were satisfactory in the early part of the year but for a period of three weeks around Easter, a sudden cold spell created a temporary shortage.

Meetings were held with the Preston & District Coal Merchants Federation in the summer and they expressed concern about the winter's supplies. Close liaison was maintained and thanks to some judicious stock piling by the N.C.B. Depot combined with a spell of mild weather it was possible to avoid a general shortage which caused some other North West Councils to temporarily suspend smoke control.

Smoke Control was introduced into Preston in 1955 and by now, many of the appliances installed in the early areas, particularly those burning solid fuels, are at the end of their useful life. Many have been replaced by the householders, but there are far too many still being used long after they have lost their original efficiency. This is particularly so in some of the old and larger properties near the town centre, which are now used in multiple occupation.

This along with the number of people who have taken up residency in these areas since the Orders became operative and who frequently express ignorance of the existence of Smoke Control provisions in the area are together the cause of smoke emissions sometimes of a considerable degree in colder weather.

These are factors which cause concern and which must be encountered throughout the country, and it is felt that this problem will grow as more areas get older, so that some considerations must soon be given towards a satisfactory solution not only locally, but nationally.

Two things come to mind, the need for power of access to properties where there are known difficulties, and some method of prohibition of old installations together with a scheme of replacement, even if this includes further grant aid.

(c) **Industrial Pollution**

Under the Clean Air Acts and the Preston Corporation Act, 21 installations of new boilers and chimneys were notified to the department. All were investigated and finally approved, in nine cases following agreed modifications to the proposals.

The town is generally well served by industry in regard to minimising air pollution, prolonged emissions of smoke being comparatively rare, "incidents" being due normally to failure of mechanical components.

Routine inspections are made of boiler house plants to ensure that they are maintained and operated in a satisfactory manner.

HOUSING

(a) Clearance Areas

Preston (Meadow Street, etc.) Compulsory Purchase Order, 1969.

This Order containing 12 unfit houses and one "other building" received confirmation during the year with the modification that six unfit houses were excluded to enable redevelopment to be carried out by the owners.

Preston (Egan Street) Clearance Order, 1970.

Five unfit houses excluded from the Meadow Street, etc. Compulsory Purchase Order comprised this Order which was confirmed without modification.

Others.

Clearance areas were declared in respect of 11 houses included in two separate groups of property situated in Selby Street and Saint Anne's Street. Clearance areas were declared in respect of the 246 houses forming the James Street etc., Brockholes View etc., and Cary Street, etc., groups of clearance areas which had been represented but on which further action had been deferred during 1969.

(b) Individual Unfit Houses

Reports were submitted by the Chief Public Health Inspector and accepted by the Council in respect of four individual unfit houses under Section 16 and part of one building under Section 18 of the 1957 Act.

During the year the Council made three closing orders and two demolition orders.

Four houses the subject of demolition orders, one of which was also included in a Compulsory Purchase Order, four houses the subject of closing orders, one building two parts of which were the subject of closing orders and one house the subject of an undertaking not to use were demolished.

One demolition order was determined and a closing order substituted.

(c) Demolition

A total of 822 premises comprising (a) 693 unfit houses, (b) 96 fit houses and (c) 33 other buildings were demolished during the year under review as a result of Housing Act action.

(d) Repair of Unfit Houses

During the year one formal and six informal notices were served under the Housing Act, 1957 in respect of houses regarded as capable of being made fit at reasonable expense. One house was made fit as a result of such action.

Public Health Act procedure has also been used to deal with general disrepair of houses.

(c) **Housing Consolidated Amendment Regulations 1932**

The following table gives the information required under the above regulations.

Table 24.
Housing Acts, 1957—1969.
Action taken in respect of unfit houses under the above Acts.

Number of houses which on inspection were considered to be unfit for human habitation	22
Number of Representations made or reports submitted to the Council —	
(a) with a view to service of Notices requiring execution of works	6
(b) with a view to making of Demolition Orders or Closing Orders...	5
(c) with a view to declaring Clearance Areas (Number of houses)	11
Number of notices served requiring execution of works —	
(a) informal	7
(b) formal	1
Number of houses rendered fit after service of —	
(a) informal notice	1
(b) formal notice	—
Number of Demolition Orders made under Section 17 of the Housing Act, 1957	2
Number of houses purchased by the Council in lieu of making Demolition Orders	—
Number of Demolition Orders determined and Closing Orders substituted	1
Number of Closing Orders made under Section 17(1) of the Housing Act, 1957	2
Number of Closing Orders made under Section 18 of the Housing Act, 1957	1
Number of Undertakings accepted by the Council	—
Number of houses demolished as a result of Orders made under Sections 17 and 28 of the Housing Act, 1957	3
Number of Council-owned unfit houses demolished	—
Number of houses demolished as a result of Clearance Orders or Compulsory Purchase Orders —	
(a) unfit	690
(b) fit	96

(f) **Overcrowding**

Table 25.
Overcrowding, 1970.

Number of complaints received	5
Number of complaints confirmed and referred to the Housing Committee	1
Number of complaints not confirmed	4
Number of complaints confirmed, but no action taken	—
Number of letters sent to abate overcrowding	—
Number rehoused while complaint was being investigated	—
Number rehoused by the Local Authority following reference	—
Number of complaints withdrawn	—

(g) Certificates of Disrepair

Two applications for certificates of disrepair were dealt with, one of which had been pending at the end of the previous year. In both instances it was recommended that certificates be granted.

(h) Qualification Certificates

Under the Housing Act, 1969 the owner of a dwelling let on a controlled tenancy may apply for a qualification certificate to enable the tenancy to be changed from a controlled to a regulated one and a fair rent registered, provided the dwelling reaches a prescribed standard or is to be improved to reach this standard. This is the first full year of operation of these provisions.

Applications are made to the Town Clerk, the Public Health Inspectors through the Medical Officer of Health examine each application and make recommendations whether a certificate should be issued or refused.

Table 26.
Housing Act, 1969 — Qualification Certificate Applications.

	Dwellings already satisfying conditions	Dwellings requiring improvement
Applications pending at end of previous year ..	1	—
Applications made during the year	59	17
Qualification Certificates issued	21 (+ 1) *	—
Qualification Certificates refused	22	—
Applications withdrawn	2	—
Applications rejected :		
Tenancy not controlled	1	—
Premises situated outside the district	4	—
Certificates of Provisional Approval issued ..	—	17
Applications pending at end of year	10	—
* Figure in brackets indicates Qualification Certificate issued subsequently to Certificate of Provisional Approval.		

(i) Houses in Multiple Occupation

During the year 131 visits were made to such premises. Under the Housing Act, 1961, one formal and 25 informal notices requiring the carrying out of work were served. One formal and eight informal notices were complied with and the use of five premises for multiple occupation was discontinued. Six premises were demolished of which five were in clearance areas.

(j) Improvement Grants

Applications for grants under the Housing Act, 1969 are made through the Director of Development and Works, certification as to the fitness or otherwise of the houses concerned, and the estimated useful life of the property after completion of the proposed works is advised by the Public Health Inspectors through the Medical Officer of Health.

Advice was sought in respect of 66 applications for discretionary grants and 240 applications for standard grants. Seventeen houses were considered to be capable and two not capable of being made fit at reasonable expense with the necessary expected life and a further 16 were considered unlikely to have a life in excess of 10 years. The remainder were considered fit in terms of the grant requests.

(k) Compulsory Improvement

No representations were made to the local authority to exercise their powers of compulsory improvement under the provisions of the Housing Act, 1964.

In both cases outstanding at the end of the previous year the premises have since been vacated.

(l) General Improvement Areas

Improvement grants on five privately owned houses in the Adelphi Improvement area were not taken up and no further progress was made in the area during the year.

Potential general improvement areas have been included in housing proposals placed before the Council but as these have not yet been accepted no further improvement areas have been introduced.

FOOD AND DRUGS

(a) General

For all purposes 1703 visits were made by inspectors in connection with food and food premises.

One disturbing aspect of food distribution which has been highlighted during 1970 has been the amount of stale and mouldy food sold to the public. This is not a local problem; checking with colleagues up and down the country it would seem that this is general and from information obtained in specific cases the indications are that this is an aspect of food sales which the trade must tighten up on if the ever increasing number of prosecutions for such sales is to be reduced.

With the wide variety of present day food stuffs sold in what are considered attractive wrappings or packs, there is a tendency to accept this outward appearance as the acme of good food distribution, whereas it is all too frequently found the package, indistinguishable from millions of similar wrapped articles, is weeks or even months old when purchased. This may be all right with tinned foods but with more perishable commodities such as confectionery and other short life products it is fatal for the freshness of the food.

Codes are stamped or embossed on the wrappings of much of this type of food but these references are rarely understood by anyone except the manufacturer or distributor. Consequently they do not appear to serve any useful purpose. A shop keeper stocking the goods generally has no idea what the codes mean so that he has no idea of the age of the food when it is brought into his premises and so cannot arrange proper stock rotation by reference to the code. The trade as a whole seems unconcerned or at least is unresponsive to suggestions that there is room for improvement in methods of indicating age on pre-wrapped food of a perishable nature to at least enable the retailer to determine the shelf life of the stock with which he is supplied.

Another aspect of distribution resulting in old and mouldy food only too frequently being sold is what is known as "Sale and Return".

This method was introduced by the manufacturers of particularly flour confectionery, bread etc., as an effort to boost sales on a kind of bonus principle. Unfortunately it only too often misfires.

The more a retailer sells the more the commission but any food unsold is returned to the roundsman when he next calls. This food is supposed to be returned to the distribution point for destruction. Each time payment is due there is a balancing of food sold against food returned. The less returned the more the commission. There are many variations of this system but all are open to abuse. The overall result is that food is not returned for destruction but is passed on to another retailer. This can go on several times, the food getting older, staler and frequently mouldy before it is purchased by a customer.

In spite of the spate of complaints, both official and unofficial, about such food, the trade seems apparently unmoved. Many firms deny that they operate a "Sale and Return" system.

(b) Milk

Dairies and Milk Distributors

All milk sold within the Borough now comes from the dairies and farmers with premises outside the Borough. At the end of the year there were 10 premises registered as dairies while six other milk distributors are also registered to operate from one or other of these registered premises. One also operates from a farm dairy.

There were 168 distributors registered for the sale of bottled or cartoned milk from shops and this includes six vending machine sites offering cartoned pasteurised milk to the public. Several vending machines also dispensing cartoned pasteurised milk are sited within works canteens.

Twelve distributors operate from premises outside the Borough while four dairy farmers also with premises outside the Borough are known to retail their own Untreated (Farm Bottled) milk. Four other similar milks are known to be retailed by distributors, again none of these are produced within the Borough. The total gallonage now sold as Untreated milk is very small and is estimated to be less than one per cent. of the total milk sold in Preston.

The large number of shops which deal in small quantities of milk daily account for most of the Sterilised milk sold. Ultra Heat Treated milk has been introduced during the year to two of these shop outlets while small quantities also continue to be used to supply ships and seasonal caravan sites.

The one Untreated (Farm Bottled) milk culture positive result shown in table 27 was retailed by a distributor and produced by a farmer both with their premises in an adjoining Urban District area. The sample was taken as a result of investigations into a known case of undulant fever, the facts when found were passed to the Medical Officer concerned. He reported the herd to be already under active investigation in conjunction with the accredited herd scheme, and that one positive reactor to brucellosis had been removed from the herd for slaughter and that follow-up samples were producing negative results. Subsequently our positive culture result was reported negative to the inoculation test.

All Untreated milk samples shown in table 28 were also free of tubercle bacilli and antibiotics. Two failed the methylene blue test. Liaison continues with colleagues in adjoining Local Authorities to ensure regular sampling of Untreated milks for the presence of milk borne diseases.

Pasteurised and Sterilised milks continued to produce excellent results to statutory tests and 46 of the pasteurised milk samples shown in table 00 were from school milk supplies.

Only two milk samples shown in table 29 were unsatisfactory. One contained 1.8 per cent. extraneous water while the Pasteurised (Channel Islands) milk was



TEMPERATURE CHECK OF A FROZEN FOOD DISPLAY CABINET BY A PUBLIC HEALTH INSPECTOR

deficient five per cent. fat. In each instance the dairyman was warned and follow-up samples were satisfactory.

Generally fat and solids-not-fat content of all milks sampled were extremely good and again all these samples were free from antibiotics.

Eight dirty milk bottle complaints were received during the year involving milk from three pasteurising plants outside the area. In each case the appropriate Local Authority accepted the complaints for investigation and action at source.

One other complaint of foreign matter in milk, again supplied from a pasteurising plant outside the area was investigated. The bottle contained a piece of a polythene bag. The firm was warned in this instance.

Considering the millions of bottles filled and delivered yearly the small number of complaints regarding the cleanliness of the containers and their contents, or the keeping quality of the milk indicate generally the endeavour of dairymen to provide us with a good wholesome product.

Table 27.
Milk samples taken for Brucellosis.

Class of milk sample	No. of samples taken	Ring Test		No. of samples taken	Culture or Inoculation	
		Absent	Present		Absent	Present
Untreated (Farm bottled)	1	1	—	1	1	—
Untreated (Farm bottled)	8	8	—	8	7	1
Totals	9	9	—	9	8	1

Table 28.
Pasteurised milk samples taken for Phosphatase, Methylene Blue and Turbidity Tests.

Class of sample	No. of samples taken	Phosphatase		Meth. Blue		Turbidity	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	170	167	—	170	—	—	—
Pasteurised (Homogenised)	19	19	—	19	—	—	—
Pasteurised (Channel Islands)	3	3	—	3	—	—	—
Sterilised	—	—	—	—	—	53	—
Totals	192	189	—	192	—	53	—

Table 29.
Milk samples taken for chemical analysis.

Class of milk sample	No. of samples taken	Informal		Formal	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Untreated (Farm bottled) ..	6	6	—	—	—
Untreated (Farm Bottled) (Channel Island)	2	2	—	—	—
Pasteurised	25	22	—	3	—
Pasteurised (Homogenised) ..	13	12	1	—	—
Pasteurised (Channel Island) .	10	9	1	—	—
Sterilised	12	12	—	—	—
Totals	68	63	2	3	—

(c) **Chemical Examination of Other Foods**

Details of samples taken are shown in table 30.

Table 30.
Miscellaneous samples taken for chemical analysis.

Class of Sample	No. of samples taken	Satisfactory	Unsatisfactory
Meat products	51	43	8
Sausage and sausagemeat	23	13	10
Fish products	8	8	—
Tinned meat products	8	8	—
Tinned fish products	13	13	—
Tinned fruits	4	4	—
Tinned vegetables	8	8	—
Fats including butter and margarine ..	16	15	1
Dried fruits and nuts	7	7	—
Pickles, condiments and spices	15	14	1
Cheese	12	11	1
Jams, preserves and jellies	12	12	—
Fresh fruits	9	9	—
Sugar confectionery	8	8	—
Fruit drinks	10	8	2
Milk powder and tinned milk	4	4	—
Beer and beer-making ingredients	12	10	2
Fruit pies and cream cakes	11	10	1
Tinned milk puddings	3	3	—
Dairy and double cream	5	5	—
Cooked chicken products	4	4	—
Desiccated coconut	5	5	—
Bread and slices of bread and butter ..	9	3	6
Yoghurt	1	1	—
Cornish pasty	1	—	1
Cooked chipped potatoes	1	—	1
Brisket beef tin and scrapings	1	1	—
Part bag of peanuts	1	—	1
Part bottle of Pasteurised milk	1	—	1
Part of 2lb. bag of sugar	1	—	1
Opened tin of ham	1	—	1
Mincemeat and potato	1	—	1
Blackpudding	1	—	1
Cooked fried rice and prawns	1	—	1
Part of a meat pie	1	—	1
Meat and potato pie	1	—	1
Miscellaneous other foods	18	18	—
Totals	288	245	43

Unsatisfactory Samples

Five samples of products sold as Hot Pot had low meat contents, 4.5, 7.5, 12, 17.5 and 22 per cent. respectively. The Sausage and Other Meat Product Regulations, 1967 require a minimum meat content of 35 per cent. If these products were also marked "Ready Meal" the description then would have been adequate. Hot Pot is traditionally meat and vegetable with a pastry crust and as such would also fit the definition of Meat Pie in the Meat Pie and Sausage Roll Regulations, 1967. The samples taken could also be adequately described as "Hot Pot Pie", "Meat and Vegetable Hot Pot Pie", "Vegetable and Meat Hot Pot" according to the meat content present. In all instances they were old traditional recipes which the public liked and makers were therefore advised to amend the description of their products accordingly.

A Haggis was found to be mouldy, the remaining stocks in this instance were all sound.

Meat and Potato Pie contained only 4.5 per cent meat and the producers were warned and advised to re-label.

Two samples of a product called "Primecut Caterburgers" contained 56.5 per cent. meat. The description suggested a meat product resembling beefburgers and as such not exempt from a minimum meat content of 80 per cent. The manufacturers wished to retain the existing meat with cereal recipe and therefore agreed to re-label the product "Sausage Meat Patties".

One sample each of Beef and Pork Sausages supplied on contract were slightly rancid and the Pork Sausages were slightly deficient in meat content. The suppliers were formally warned. Follow-up samples were satisfactory.

One sample each of Beef Sausages and Orange Squash contained excess sulphur dioxide. In each instance a formal follow-up sample was satisfactory.

Seven samples of sausages contained permitted preservatives without the required declaration being conspicuously displayed in the shops.

One sample sold as Cream Cheese was in fact a Full Fat Soft Cheese.

One sample of Lime Juice contained cyclamates. Investigations revealed no further stocks so affected.

Pre-packed Dried Yeast Nutrient was inadequately labelled having no list of ingredients printed on the container.

"Diat Bier" brewed and canned in Germany was labelled exclusively in German and claims were made on the can and cardboard sleeve container, when translated, that "Diet Beer was a true full bodied beer for all who are controlling their calorie intake and for all diabetics—so that you do not have to give up your beer—and nutritious also for diabetics". The product on analysis was in agreement with the declaration of ingredients given on the can but was not significantly different from normal lager beers on sale in this country. The importers have agreed to produce a label printed in English which does not claim dietary or diabetic qualities.

(d) Foreign Bodies, Etc., in Food

As a result of complaints received the Public Analyst reported on 20 samples.

Three samples of bread contained dough stained with mineral oil, one was affected by *Bacillus subtilis*—ropy bread and mouse droppings were found upon opened sliced bread.

"Bread and butter" was spread with margarine.

Cornish pastie crust was stained with iron.

An opened bag of sugar contained three fragments of dried kidney and a feather.

An opened bag of peanuts contained part of a "fire brat".

Cooked chipped potatoes and an opened tin of imported ham contained ground beetles.

Pre-packed butter contained a small piece of crepe rubber.

Black pudding contained a small piece of jute string.

Beef sausage were stained with permitted food colours indigo, carmine and greens probably from that used in black pudding manufacture.

A meat pie contained an earwig, which it was reported had not been subjected to cooking.

A meat and potato pie contained part of a fly.

An opened canister of ground ginger contained a rat dropping.

Cooked dried rice and prawns contained a spider, which the Analyst considered had not been fried but had probably fallen onto the hot surface of the food.

Part of a cake had a musty flavour, found to be due to synthetic cream being affected by *Oosporus lactis* and yeasts.

Processed canned peas alleged to have a peculiar taste were quite satisfactory.

In addition to these complaints 49 others were also investigated.

Allegations of taint of roast beef, canned lambs tongues and whey butter, rat excreta in cornflakes and foreign matter in cream cakes were not confirmed.

There were 10 complaints of unsoundness or decomposition. These included cream cakes and chicken portions (two cases each), meat and potato pie, chicken sandwich, cheese spread, tinned spam and tinned peas. Seven mouldy meat pies (three cases), trifle slices, finger rolls, bread and gooseberry tart. Seven of insects or larvae in jam and cooked poultry (two cases each), yoghurt, walnut whip, bacon. There were 20 other allegations of foreign matter in food, these included nails in biscuits, mineral oil staining in bread, steel bolts in pastries and cowhide in cooked meat products (two cases each). Ball-bearing in tinned baked beans, drawing pin in pre-wrapped butter, cinder in tinned peas, plastic spoon in a pre-packed trifle, nylon bristles in a meat pie, glass in sliced bread, sisal string in corned beef, flour label in currant buns, piece of wood in a rhubarb tart, old charred dough in bread fingers and food served in a dirty container.

All the above complaints were fully investigated and in five instances prosecutions under Section Two of The Food and Drugs Act, 1955 were successful. The defendants were fined a total of £155. A further case was also successfully taken under Section Eight, the defendant being fined £25. In all other instances warning letters were sent to offenders.

In addition to the above cases a quantity of unsound food was seized at a Super-market and dealt with in accordance with Section Eight. The proprietors were successfully prosecuted and fined £25.

(e) **Bacteriological Examination of Food**

One hundred and sixty-six samples were taken and these are detailed in table 31. Seventy-four of these were from premises producing or selling cooked meats and processing and cooking poultry. Results were generally good. Plate counts were at acceptable levels and in no instance were pathogenic organisms isolated. The unsatisfactory samples gave positive results to coliform bacilli or *B.coli* (Type) 1 and when considered in conjunction with plate counts etc., indicated contamination after cooking. In these cases cleaning and sterilising routines and personal cleanliness and food handling routines were examined and discussed and advice given.

Table 31.
Miscellaneous samples taken for bacteriological examination.

Class of sample	Number of samples taken	Satisfactory	Un- satisfactory
Town's water	38	36	2
Well water	1	1	—
Mussels	1	1	—
Frozen salmon	1	1	—
Double cream	3	3	—
Single cream	2	2	—
40 per cent cream	1	1	—
Yoghurt	1	1	—
Swabs from Hostel	2	2	—
Desiccated coconut	4	4	—
Meat pies and pastics	9	7	2
Beef sausage	1	1	—
Cooked meat products	33	28	5
Cooked chicken products	25	19	6
Chicken giblets, etc.	6	6	—
Ice-cream powder	1	1	—
Ice-cream mix	2	2	—
Dairy ice-cream	4	4	—
Ice-cream	18	17	1
Ice-lolly	3	3	—
Cream cakes	2	2	—
Tinned sweetened condensed milk	1	1	—
Dried milk	4	4	—
Cod liver oil	1	1	—
Orange juice	1	1	—
Rose hip syrup	1	1	—
Totals	166	150	16

(f) Food Hygiene

The problems of obtaining satisfactory standards of food hygiene remain. Far too many pay lip-service to the requirements of the law, but when called upon to comply involving financial outlay, objections, protestations and sometimes abuse are still encountered all too frequently.

Few, if any call at the department to seek out what is required of them before embarking on opening a food shop. Even with the publicity given by various means today as well as a common sense approach to the clean handling of food, one finds general standards by many in the food trades at all levels leaves much to be desired.

One aspect which has given some concern is the number of food premises being opened by members of the immigrant community. Whilst accepting there is a need to meet the particular demands of this group, and who better than members of the group to provide the services, invariably standards of those concerned are found to be low.

When the requirements of the law are pointed out it is frequently suggested this is some further attack on their colour. They are not always convinced when they are reminded that the law of the country is being enforced on all food handlers, and

that in their particular case we are protecting their customers who are invariably compatriots.

In a further effort to apply the requirements of Food Hygiene Regulations during the year it has been arranged that the Inspectors concerned devote a specific period of time each week visiting food premises systematically street by street. Frequent checks are made of progress and deficiencies followed up quickly.

Table 32. Food Premises subject to the Food Hygiene (General) Regulations, 1960.						
Category						Number of Premises
Restaurants, cafes and snack bars	...	...	...	...	...	56
Residential Hotels	...	...	...	...	...	12
Public Houses	...	...	...	...	...	199
Fried fish shops	...	...	...	...	...	65
Canteens	...	...	...	...	...	72
Clubs and Institutions	...	...	...	...	...	73
Food Manufacturers	...	...	...	...	...	11
Ice-cream Manufacturers	...	...	...	...	...	4
Wholesale food warehouses	...	...	...	...	...	23
Butchers' shops and other retail food shops	...	...	...	...	...	548
Total	...	...	...	...	...	1,063

(g) Meat Inspection

During the year meat inspection was carried out in a routine manner which gave little cause for comment. There was an increase in the number of animals killed and inspected as compared with the previous year, especially with pigs where the figure rose by about 14 per cent.

Once again the co-operation of meat traders has been invaluable in enabling the work of inspection to be carried out.

The disease position has shown no noticeable change during the year and no unusual conditions requiring detailed laboratory examination have been discovered. Casualty or emergency slaughter of animals during the last few years have slowly decreased, which suggests an improvement in the circumstances under which they are kept, plus a general improvement in health standards through more scientific knowledge being available on the farm.

Progress is expected in the Ministry of Agriculture's Brucellosis Incentives Scheme, designed eventually to eradicate Brucellosis from the British Isles. This disease is dangerous to human beings. Under this scheme reactors to the blood test are slaughtered at the Public Abattoir.



INSPECTION OF CANTEEN EQUIPMENT BY A PUBLIC HEALTH INSPECTOR

The number of licensed slaughtermen was 23, similar to that of last year. A small amount of Mohammedan slaughter occurs, chiefly during periodic feast periods, but there is evidence that strict religious practices may be slackening.

Irish cattle are regularly imported for slaughter in Preston, during the year 777 were slaughtered at the private slaughterhouse and 314 at the public abattoir. These are dealt with in the normal way, but meat is imported already slaughtered, from both Ireland and many other countries. Normally this meat has been passed fit for consumption in the country of origin and it is impossible to re-inspect it all.

Spot checks are made on importing establishments, and also on Corporation Schools and other institutions, butchers shops are visited and these checks are made with or without previous complaint.

The general standard of hygiene is fairly satisfactory but only maintained so by perpetual supervision. No formal action has been required under Food Hygiene or Inspection Regulations any minor complaint being dealt with by warnings and advice.

Table 33.
Number of animals killed and inspected.

	Cattle	Sheep	Pigs	Calves
Public Abattoir	6,045	29,644	16,254	21
Private Slaughterhouse	6,091	14,495	15,500	—
Total	12,136	44,139	31,754	21

(h) Poultry Inspection

The circumstances are much as described in the previous year's report.

One premises operates in the Borough where preparing and dressing of poultry is carried out. The premises concerned are controlled and operated by members of the Muslim community and sales are to compatriots.

There has been some falling off in standards at a premises already old and structurally unsatisfactory. Repeated visits with requests for improvement have been made by Public Health Inspectors. Unless there is an improvement soon it is anticipated that more formal action may be necessary.

The output varies very little year by year and as the birds are purchased from any source available a large number are rejected at time of slaughter. The wastage may be as high as 40 per cent. Normal practice is for the customer to select his bird alive and have it slaughtered by the muslim method, defeathered and skinned after which he takes it away on completion of these operations if he is satisfied with its condition.

(i) Diseases of Animals Acts and Orders

No outbreaks of notifiable disease occurred in the Borough during the year.

No untoward incident occurred and no formal action was required. A small number of animals were detained under the Transit of Animals Order, nearly all of which were slaughtered at the adjoining abattoir.

New housing was provided for calves which will ease overcrowding in that section, and in doing so will provide increased accommodation for pigs, which though slightly less than the year before, still show an increase over a period of years. The total number of animals passing through the market was almost indential to the year before, less pigs being somewhat compensated for by more other animals.

The total number of pigs passing through the market was 84,148 consisting of 36,386 fat pigs and 47,762 store pigs. Altogether 3,061 licences were issued for the removal of these pigs from the market.

No Irish animals passed through the market during the year.

The number of animals in the market during the year were as follows:

Dairy and store cattle	..	..	..	..	7,650
Fat Cattle	..	..	..	..	23,623
Sheep	..	..	..	..	51,338
Calves	..	..	..	..	19,178
Fat pigs	..	..	..	..	36,386
Store pigs	..	..	..	..	47,762

Port Health

PORT HEALTH ADMINISTRATION

The Port Health District of Preston embraces the whole estuary of the River Ribble from Blackpool to Formby Point, and up the River Ribble and its tributaries to the furthest point to which the tide flows.

The dock, which is 3,200 feet long and 600 feet wide, covers 40 acres and is approached by the entrance basin 850 feet long by 300 feet wide, an area of four and three-quarter acres.

The communicating locks are 550 feet long and 66 feet wide, with a depth of 29 feet six inches at high water ordinary spring tide, the dock is situated within the County Borough and is about $16\frac{1}{2}$ miles along the River Ribble from the sea.

The quays are over one and a half miles long. There are 170 acres of storage ground and 590,000 square feet of covered floor space.

Section I Staff

Table 34.				
Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointment held
C. F. W. Fairfax	Port Medical Officer	1.1.69	M.B., B.S., D.P.H.	Medical Officer of Health
J. T. Carroll ..	Deputy Port Medical Officer	1.7.70	M.B., F.R.C.S., D.R.C.O.G., D.P.H.	Deputy Medical Officer of Health
I. M. R. Purdom ..	Acting Deputy Port Medical Officer	2.2.69 to 1.7.70	M.B., Ch.B., D.P.H.	Acting Deputy Medical Officer of Health Departmental Medical Officer
K. Dowling ..	Boarding Medical Officer	4.4.49	B.A., M.B., B.Ch.	Departmental Medical Officer
K. K. U. Perera ..	Boarding Medical Officer	1.9.70	M.B., B.S., D.P.H.	Departmental Medical Officer
G. Wood ..	Port Health Inspector	17.5.68	Cert. P.H.I.E.B., Cert. Meat & Food	—
M. J. Alden ..	Deputy Port Health Inspector	17.5.68	Dip. P.H.I.E.B.	District Public Health Inspector

Address and telephone number of the Medical Officer of Health, Health Department, P.O. Box 66, Market Street, Preston PR1 2EA. Telephone number Preston 54881. (Ambulance Station Telephone number Preston 55306).

For routine medical clearance of shipping the Port Health Inspector issues the P.S.3 certificate on receipt of satisfactory maritime declarations of health; medical staff being summoned only in the event of illness on board or at the request of the Immigration Officer.

Three medical officers were available for routine port health work, with the above mentioned system working satisfactorily boarding by doctors was not required. The number of ships from foreign ports boarded and inspected during 1970 by Port Health Inspectors was 273.

Co-operation from H.M. Immigration Officers, The Trinity House Pilots, H.M. Customs Officers, the officials and staff of the Preston Port Authority, the shipping agents and others who have been contacted about various matters has assisted in the smooth running of the Port Health Authority's functions.

Section II Amount of shipping entering the district during the year.

Table 35.					
Ships from	Number	Tonnage	Number Inspected		Number of ships reported as having or having had during the voyage infectious disease on board
			by the Medical Officers	Port Health Inspectors	
Foreign Ports..	310	185,085	—	273	—
Coastwise ..	2,440	1,318,368	—	30	—
Total ..	2,750	1,503,453	—	303	—

Section III Character of shipping and trade during the year

Table 36 (a). Passenger Traffic.					
Number of passengers INWARDS ..			4,934		
Number of passengers OUTWARDS ..			4,883		
Passengers to and from :			Foreign Ports	Irish Ferry Service	
Passengers in:	Alien		3	}	4,735
	British		196		
Passengers out:	Alien		5	}	4,772
	British		106		

The above figures do not include "supernumerary" crew (i.e. wives of the crew members etc.) who are nevertheless subject to the Aliens Orders, 1957 and included in the figures shown in Section XV (4).

Table 36 (b).
Cargo Traffic.

Principal Imports.

Animal feeding stuffs, arsenic, asphalt rock, bacon, butter, bananas, bitumen, canned foods, citrus fruits, coconuts, confectionery, eggs, fertilizers, fish oil, frozen foods, fuel oils, grain, hardboard, hides, maize, meat, meat products, milk products, paper, petroleum, potatoes, poultry, potash, resin, sulphur, synthetic fibre, timber, woodpulp, vehicles and containers.

Principal Exports.

Barbed wire, canned goods, cloth goods, coal, coke, cotton goods, fruit, iron and steel, machinery, meat and offal, pitch, soap, scrap-iron, tar, vehicles and containers, wines and spirits.

1968	...	Total imports	1,562,438 tons.	Total exports	935,584 tons.
1969	...	Total imports	1,130,121 tons.	Total exports	770,999 tons.
1970	...	Total imports	1,241,514 tons.	Total exports	1,009,064 tons.

Table 36 (c).
Principal ports from which ships arrive - Foreign.

Foreign

North America:	Carleton, N.S., Newcastle, N.S., Weymouth, N.S.
Antilles:	Barbados, Bridgetown, Grenada, Kingstown, Port Castries, Port of Spain, Portsmouth, Rosseau, St. Lucia, St. Vincent.
Belgium:	Antwerp, Ghent.
Denmark:	Copenhagen, Esbjerg, Frederikshavn, Hirtshals, Koge, Skagen.
Finland:	Hamina, Jakobstad, Kasko, Kemi, Kotka, Mantyluoto, Oulo, Rauma, Turku, Topila, Yxpilä.
France:	Bayonne, Bordeaux, Brest, Donges, Rouen, Tonnay, Sete.
Germany:	Bremen, Emden, Hamburg, Kiel, Wismar.
Holland:	Amsterdam, Delfzijl, Groningen, Rotterdam.
Middle East and North Africa:	Casablanca, Ceuta, Kenitra.
Norway:	Follafos, Frederikstad, Halden, Haugesund, Hommelvik, Kristiansund, Larvik, Lauvsnes, Narvik, Oslo, Porsgrunn, Steinjker, Sarsborg, Tofte, Vadheim.
Poland:	Gdansk, Stettin.
Portugal:	Leixos, Setubal.
Sardinia:	Cagliari, Porto Torres.
Spain:	Aviles, Bilbao, Gijon, Pasajes, Seville.
Sweden:	Dansjo, Domsjo, Gefle, Gothenburg, Gota, Halmstad, Helsingborg, Hernösand, Husum, Iggesund, Karlstad, Kramfors, Marieborg, Munksund, Norrköping, Norsundet, Östrand, Ronnskar, Skellefteå, Skutskar, Sundarö, Sunsvall.
U.S.S.R.:	Archangel, Kaliningrad, Leningrad, Murmansk, Onega, Stalingrad, Tallin.

British Isles

Ardrossan, Barrow, Belfast, Bristol, Drogheda, Dublin, Fowey, Glasgow, Greenore, Larne, Liverpool, London, Londonderry, Manchester, Milford Haven, Swansea, Stanlow, Workington.

The principal imports from foreign ports continue to be timber and woodpulp chiefly from Scandinavia and the U.S.S.R., and to a lesser degree from North America, North Africa and Spain. Ships from the British West Indies continued to use the dock during the year importing bananas, citrus fruits and coconuts.

The container and ferry services from Northern Ireland and Eire again provided the bulk of shipping entering the port. The use of containers for general cargo is increasing.

Section IV Inland Barge Traffic

There is no inland barge traffic to or from the Port of Preston.

Section V Water Supply

1. Source of Supply

(a) District

(The Dock Estate)—Preston and District Water Board

(b) **Shipping** District supply from hydrant and hose.

2. Reports of Tests for Contamination

Table 37.				
Water Samples.				
From	Type	Number	Results	
			Satisfactory	Unsatisfactory
Foreign Vessels ..	Bacteriological	4	3	1
Dock Estate ..	Bacteriological ..	1	1	—
Dock Estate ..	Chemical ..	1	1	—
Total ..		6	5	1

The bacteriological failure of the one sample taken from a ship arriving from a foreign port was notified to the Master. The vessel proceeding on to dry docking and tank cleaning.

3. The supply of water to shipping is under the direct control of the Port Authority who employ a special staff for this purpose. Regular surveillance of fresh water supply hydrants, hoses and equipment is maintained so as to prevent contamination and ensure cleanliness and proper use of such appliances.

Section VI Public Health (Ships) Regulations 1966

During the year there was no change in the arrangements for circulating lists of infected areas or transmission and receipt of radio messages.

Likewise there was no change in provision of mooring stations or in the arrangements for control of infectious disease.

Section VII Smallpox

1. As from 1st August 1969 Sankey Hospital near Warrington was designated for the reception of cases or suspect cases of smallpox. This arrangement is temporary due to alterations being carried out at Ainsworth Hospital, Bury.

2. Responsibility for the transport of all cases, suspect cases or contacts of smallpox rests with the Lancashire County Ambulance Service.

Ambulance crews are given regular smallpox vaccination.

3. Smallpox Consultants:

Professor A. B. Semple, Health Department, Hatton Garden, Liverpool 3.
Tel. 051-236 8433 and 051-428 2081 (Home).

Dr. T. L. Hobday, School of Hygiene, Mount Pleasant, Liverpool.
Tel. 051-709 2542 and 051-733 4333 (Home).

Dr. A. G. Ironside, Monsall Hospital, Newton Heath, Manchester 10.
Tel. 061-205 2254 and Marple 1488 (Home).

Dr. A. B. Christie, Fazackerley Hospital, Liverpool 9.
Tel. 051-525 2324 and Formby 3368 (Home).

Professor K. McCarthy, Liverpool University,
Tel. 051-709 7983 and 051-722 5560 (Home).

4. Facilities for the laboratory diagnosis of smallpox are available at the Department of Bacteriology, University of Liverpool, under the direction of Professor K. McCarthy, and at the Central Public Health Laboratory, Colindale, under the direction of Dr. C. L. Miller.

Section VIII Venereal Disease

The venereal disease Clinic at the Preston Royal Infirmary is open at the following times:

Tuesday	5 p.m.—7 p.m. Women
Wednesday	5 p.m.—7 p.m. Men
Thursday	2 p.m.—4 p.m. Women
Friday	5 p.m.—7 p.m. Men

Male patients from ships likely to sail before the next male clinic can also be seen on Tuesdays or Thursdays.

Section IX

Table 38.
Cases of notifiable and other infectious diseases on ships.

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Nil	Nil	Nil	Nil
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	Nil	Nil	Nil	Nil

No cases or suspected cases of smallpox, cholera, plague, yellow fever, typhus or relapsing fever occurred during the year.

Section X

Observations on the occurrence of Malaria in Ships

No case of malaria occurred during the year.

Section XI

Measures taken against Ships infected with or suspected for Plague

No ship infected with or suspected of carrying plague arrived during the year. In the event of such an occurrence action in accordance with the measures outlined in paragraph 1 of the Fourth Schedule Public Health (Ships) Regulations, 1966, would be pursued.

Section XII

Measures against Rodents in Ships from Foreign Ports

- ### 1. Procedure for inspection of ships for rats.

All foreign going vessels are inspected in the following order of priority:

- (a) Vessels from infected ports.
- (b) Vessels from non-infected ports.
- (c) Foreign going vessels that have arrived from another port in the British Isles.

A rodent operator sets traps on vessels where evidence of rats is found and revisits these and other vessels from foreign ports while cargo is being discharged. During the year he carried out a rodent search of 279 ships from foreign ports and 66 coastwise ships, and made 100 revisits to such ships.

- ## 2. Arrangements for the Bacteriological or Pathological Examination of Rodents with Special Reference to Rodent Plague

Rodents caught are placed in muslin bags, dipped in paraffin, labelled and despatched to the Public Health Laboratory, Preston.

- ### 3. Arrangements in the District for Deratting Ships

The deratting of vessels prior to the issue of Deratting Certificates may be effected with hydrogen cyanide or sodium fluoroacetamide. Such procedure has not, however, been necessary since 1963. The high standard of rat proofing the type of ship entering the port and the ports of call of such ships were factors which led to inspections revealing mainly rodent free vessels.

- #### 4. Progress in Rat-Proofing of Ships

Rat-proofing was found to be satisfactory on the vessels inspected and no repairs or improvements were required. Modern ship building is such as to leave few structural harborage points for rodents and this is particularly so in the case of container traffic, which only have one large hold.

All food containers are inspected for the presence of rodents, of the 600 inspections carried out no rodents were discovered.

Table 39.
Rodents destroyed during the year in ships from foreign ports.

Category	Number
Black rats (<i>Rattus rattus</i>)	1
Brown rats (<i>Rattus norvegicus</i>)	—
Species not known	—
Rats sent for examination	1
Rats infected with plague	—
Mice	—

Table 40.
Deratting Certificates and Deratting Exemption Certificates issued
during the year for ships from foreign ports.

Number of Deratting Certificates Issued					Number of Deratting Exemption Certificates Issued (6)	Total Certificates (7)
After fumigation with H.C.N. (1)	Other fumigant (2)	After Trapping (3)	After Poisoning (4)	Total (5)		
—	—	—	—	—	47	47

In addition to his visits to shipping the rodent operator makes regular inspections of the dock estate. During the year he made 372 inspections of premises and land and discovered 29 infestations. 30 rats and three mice were found dead after laying bait. The more realistic estimate of the "kill" is to be judged from the fact that of 671 poison baits which were laid, 145 were consumed. No heavy or major rodent infestation was found on the dock estate.

Section XIII Inspection of Ships for Nuisances

Table 41.
Inspection of Ships for Nuisances.

Nature and Number of Inspections	Defects Found	Notices Served		Defects Remedied
		Statutory Notices	Other Notices	
Total number of ships visited .. 303				
The following defects and nuisances were found :				
Vermin	—	—	—	—
Heat, Light and Ventilation	—	—	—	—
Washplaces and fittings dirty and defective ..	—	—	—	—
Drainage defective	—	—	—	—
Sanitary accommodation defective	—	—	—	—
Food stores, preparation places and fittings dirty and defective	2	—	—	2
Accommodation dirty and defective	—	—	—	—
Drinking water systems defective	1	—	1	—
Refuse accumulations	1	—	1	1
Smoke emissions	2	—	—	2
Totals	6	—	2	5

Of the 303 ships visited, 273 were from foreign ports; the remainder being coastwise or from Ireland. There were 40 foreign and four coastwise ships revisited.

The majority of ships entering the port are of modern construction with a good standard of crew accommodation. In recent years few structural defects have been noted and most nuisances discovered have been unhygienic features which are quickly remedied. Statutory action was not found to be necessary on any occasion.

Section XIV Public Health (Shell-Fish) Regulations, 1934-1948

Mussel gathering in the Ribble Estuary was controlled by the Ribble Mussel Fishery Order, 1936, until this order was revoked in April 1961, at the request of Lancashire County Council. Under this order, the County Council were the granters of licences to pick mussels. The sale or distribution for human consumption of mussels taken from within the Preston Port Sanitary district, which embraces the Ribble Estuary, is still controlled by the Preston (Shell-Fish) Regulations, 1923. Under these regulations, mussels must be subjected to an approved process of cleansing. The Lytham Mussel Purification Station, operated by Lancashire County Council was closed in April 1957 through lack of demand. The last consignment of mussels picked from these beds and sent for cleansing was in 1957.

The nearest cleansing stations to the estuary are at Conway, Bangor and Portmadoc.

Section XV Medical Inspection of Aliens and Commonwealth Immigrants

1. The following Medical Inspectors held warrants of appointment during 1970, under both the Aliens Order, 1953 and the Commonwealth Immigrants Act 1962.

Dr. C. F. W. Fairfax
Dr. J. T. Carroll
Dr. I. M. R. Purdom
Dr. K. Dowling
Dr. K. K. U. Perera

2. Apart from occasional clerical work, no other staff are engaged.

3. Upon receipt of requests from the Home Office Immigration Officer, Aliens and Commonwealth Immigrants on arrival at the port are medically examined by a Medical Inspector.

4. Alien Arrivals

Total number of arriving ships carrying aliens	..	..	..	21
Total number of aliens arriving at the port	..	..	..	51
Total number of aliens medically examined	..	..	..	Nil
Certificates issued	..	..	..	Nil

Commonwealth Immigrant Arrivals

Commonwealth citizens subject to control	..	..	..	23
Commonwealth citizens medically examined	..	..	..	Nil
Certificates issued	..	..	..	Nil

5. Medical Inspection of Aliens and Commonwealth Immigrants is carried out on board ship.

Section XVI Miscellaneous

(a) Arrangements for the burial on shore of persons who have died on board ship from infectious disease

Arrangements for the interment of a deceased member of the crew of any vessel is the concern of the shipping agent and the following procedure would be adopted in the event of a death from infectious disease. The Superintendent of Mercantile

Marine acting for the Ministry of Transport would be notified immediately. The body would be removed by the Health Department staff to the mortuary of the Deepdale Hospital, Preston, for the purpose of local enquiry and verification of the cause of death.

(b) Food Inspection

The tonnage of foodstuff arriving at the port again increased. It comprised mainly, bacon, bananas, butter, canned meat, canned fruits, coconuts, confectionery, eggs, frozen foods, meat and meat products, milk powder and milk products, poultry and potatoes. Several ships arrived from the British West Indies with bananas and citrus fruits.

The majority of incoming food cargoes, comes from Northern Ireland and Eire arriving on all tides. Large amounts are carried in containers but some, mainly bacon, continues to be conveyed on open "flats" covered with tarpaulin sheets.

Transshipment of food cargo is still very common. Inspection of transhipped food is carried out by arrangement.

Containerised foodstuffs still remain a problem for inspection because in most instances the foodstuff is present on the dock for so short a period as to make inspection impossible without considerable hindrance to the efficiency of the container ferry service.

All foodstuffs that are "imported" under the Imported Food Regulations 1968 are either examined at the port or at the final destination. The system works smoothly, co-operation of the Customs and Excise, dock transport industry and ferry services have assisted the inspector in carrying out his duties. During the year approximately 600 consignments of food were inspected. Only approximately 20 loads were notified to inland authorities.

Quantities of pineapples, bacon, eggs, potatoes and canned foods were found to be unfit for human consumption. It was again noted that the commonest cause of complaint was faulty packing or dock handling, only the pineapples being imported in an unfit condition.

(b) Food Sampling

A total of 56 samples of food were taken during the year, of which 38 were submitted to the Public Analyst for chemical examination including bananas, pie fillings, soups and bubble gum. No samples were reported as unsatisfactory.

Of the 18 samples submitted for bacteriological examination none was found to be unsatisfactory.

(c) Food Hygiene

There are no new matters to report. Containers and flats continue to be maintained in good condition. As has been found previously, however, the main criticism must be levelled at the handlers of foodstuffs. Many, not being full-time food handlers, tend to forget to treat the food with the respect it deserves.

Any contraventions found are very minor and usually remedied at the time of visit, managements being only too willing to oblige in any matter.

Daily visits continued to be made to the bacon transshipment bay and the ferry container berths to ensure maintenance of satisfactory standards of food hygiene.

No complaint can be made regarding the private canteens on the dock estate and all are reasonably well maintained.

(d) Dock Estate

During the year the port health inspector made 299 inspections of the dock estate.

Contracts were let out for the major sewage scheme on the northern side of the dock and work is expected to start early in the new year.

The new office block for the officers of the Customs and Excise and Immigration services was completed and occupied.

The old china clay sheds were demolished, due to the disappearance of bulk cargoes, all china clay now being handled as bagged cargo.

The banana ripening bays attached to Geest Industries No. 2 shed were demolished because the bananas are now being transported by the road vehicles in insulated containers, the ripening process now being carried out at Geest depot in Barry. No problems were encountered with ship's refuse.

In November a Nuisance Order was obtained in the Magistrate's Court relating to a noise nuisance from premises on the dock estate occupied by Northern Ireland Trailers Limited.

The complaint arose from people living in the houses adjacent to the compound occupied by this firm and related to noise from Lancer Boss container lifting equipment used on the compound during the 24 hour period, the nuisance being occasioned during the night hours.

Notice of appeal has been lodged by the firm and it is expected that this will take place at the Preston Quarter Sessions early in the new year.

(e) **Smoke Control**

The entire area of the dock estate is within operative Smoke Control Orders resulting in effective control of smoke emission from installations on the estate.

Smoke from ships has now almost disappeared completely, coal burning ships no longer using the port. On the occasions it was found necessary to note smoke emissions ready co-operation was received from ships' captains and engineers to abate same. No statutory action was found to be necessary.

(f) **Diseases of Animals Act, 1950, and Orders**

No livestock were transported through the port.

Health Education

Schools

During the year an increasing number of lectures and illustrated talks were given in infant, junior and comprehensive schools, and sixth form colleges. In some comprehensive schools Health Education Seminars were arranged and in others the normal type of Health Education Programme covering approximately 12 weekly sessions was carried out. It is most encouraging to receive letters from the pupils themselves saying how interesting they have found the programme.

The number of lectures given to students at the Harris College of Further Education has more than doubled and a wider range of health subjects has been covered. Because of the increasing demand on the Health Education Officers' time requests for lectures at the College could not be met during part of the year.

Health Visitors in certain schools have been actively engaged in Group Health Education particularly in Mothercraft Classes. Other members of the Health Department Staff have played their part in the health education field.

It is encouraging to have increasing co-operation and find growing interest in health education in the teaching staff of the schools in Preston.

Visual Aids

A comprehensive library of visual aids is constantly being used by those who undertake group health education from time to time. These include:

- films
- film/strips
- colour slides
- film cassettes
- flannelgraphs
- overhead projection transparencies
- tape recordings and
- lecture notes.

The library is increasing mainly by material produced in the Health Education Section, i.e. super 8mm. films, colour slides, flannelgraphs, overhead projection transparencies.

Those making use of this Health Education material, which covers a wide range of health subjects, include teachers, lecturers, health visitors, teaching staff at hospitals, doctors and nurses.

Posters and Leaflets

Each clinic has a supply of leaflets covering a wide range of health matters. These are either published by the health education section, or are purchased from a number of sources and made available to the public free of charge. Student teachers and school children doing health education projects at college or school made good use of the leaflet bank at the Health Department.

Posters are displayed in clinics, schools, factories and various sites in the Borough. Subjects include venereal diseases, immunisation, smoking and health, cytology, home safety, food hygiene, firework hazards, hypothermia, nutrition, dental health, personal hygiene, etc.

Parentcraft Classes

Midwives show films, give talks and practical demonstrations each Thursday at the Saul Street Clinic, to mothers-to-be. The subjects covered in these series of five

weekly classes are Nutrition in Pregnancy, Baby's Laying, Breast Feeding, Artificial Feeding, Analgesia, The Birth of the Baby and Bathing the Baby. These classes are very much appreciated by the young mothers-to-be who attend. To some, who have had mothercraft classes at school, it serves as a refresher course; for others it may be the first real opportunity of learning about "mothercraft".

Displays

Portable displays were produced for use in clinics and schools on subjects such as Hypothermia, Dental Hygiene and the Nursery Nurse. The display window in Market Street was used effectively for a variety of health displays. The main display window of the Lancashire Evening Post was used to form part of the Firework Safety Campaign in October and November.

Fireworks Safety Campaign

A most successful campaign was launched on the 21st October by the Lancashire Evening Post, the Borough Fire Service and the Health Education Section.

Each day until the 5th November there was an article in the newspaper giving advice, comment, views, news items, interviews with victims of previous years and photographs of injuries sustained, and reports of interviews with Dr. Hall, Casualty Officer, Preston Royal Infirmary, and the Medical Officer of Health. Posters were displayed in schools, public buildings, doctor's surgeries and on the hoardings.

Photographic displays were arranged, and the Fire Service called at some schools with a fire engine to draw attention to the safety problems associated with fireworks.

"Accidents in the Home", part of which deals with "firework hazards", features in the regular Health Education programme in schools, and this type of campaign serves to drive home to children the need for precautions when handling fireworks.

Preston Royal Infirmary reported that there were no firework casualties on November 5th.

The staff of the Lancashire Evening Post are to be commended for their valuable assistance in this public service campaign.

Dental Hygiene Campaign

Children are today healthier, bigger and more robust than ever before. The food given to them is more nourishing, the homes they live in are more comfortable, and they are protected more securely than ever against disease by immunisation. There is, however, one very serious blemish on this picture—and that is the state of children's teeth. Dentists report that only two per cent of children leaving school have completely healthy teeth and gums.

In an effort to encourage young children to clean their teeth regularly a Dental Hygiene Campaign was launched in the Infant Schools.

Each Infant School was visited by a Dental Nurse who gave a demonstration of the correct way to clean teeth using giant demonstration "teeth" (See photograph). The children were taught a simple rule about the correct time for cleaning teeth, and each first-year child was presented with a Dental Hygiene Kit consisting of toothbrush, toothpaste, and a beaker, together with a letter to the parents of the child. Colourful posters and wall charts were left with the teachers to help in the very important follow up work in the classroom. Over 1,700 kits were handed out to the children at these visits. One can only hope that the parents of the children who were given these kits will realise the importance of good dental hygiene and that they will take an active part in encouraging their children to look after their teeth.



HEALTH EDUCATION IN SCHOOLS—DENTAL HEALTH

School Health Service

A — GENERAL INFORMATION

1. Statistics

Statistical data and tables relating to the medical inspection of schoolchildren and details of school population are given in Tables in the Appendix.

Moorbrook School, a special day school for maladjusted pupils, officially opened on 28th April, 1971, had its first intake of pupils in August 1970. Apart from this there were no changes in school provision during the year.

2. Scope and Organisation of the Service

Early detection and prevention of disease or defect in the school child with appropriate remedial provision remains the essential function of this service. Provision of a full service was not, however, possible on account of a lack of professional staff. Throughout the year this lack was total in respect of a physiotherapist and speech therapist. Medical staffing during the spring and summer terms was at about half strength but for the autumn term a full complement of five medical officers was available for school health duties. While this enabled clearance of a large backlog of work it imposed a considerable strain on the clerical service and necessitated increased part-time help. Shortage of health visitors with only 21 full-time and four part-time health visitors on the staff at the end of the year necessitated greater use of the eight clinic nurses for routine medical inspection and immunisation in schools. This in turn made it impossible for the clinic nurses to complete during the year their programme of screening procedures in schools.

It is clear that any review of the organisation and functioning of the school health service must include a review of the work of the professional as well as clerical staff. This is at present being carried out by the Organisation and Methods team. The use of clerical staff, following training, to carry out certain routine screening procedures is a proposal that merits acceptance since it would allow a more economic use of the professional skills of medical and nursing staff.

3. Reports to Committee

Special reports on the following subjects were made to the Education Development Sub-Committee during the year.

1. Infectious Hepatitis
2. Deaths of School Children
3. Physically Handicapped Children in Ordinary Schools
4. Immunisation

4. Epidemiology

Details regarding infectious diseases and immunisation will be found in the section of Epidemiology. Attention is especially drawn to details on page 53 of the introduction in the autumn term of routine vaccination against German Measles for 13 year old girls following a large pilot scheme carried out in conjunction with Dr. D. N. Hutchinson, Consultant Pathologist, during the summer term. Information regarding tuberculosis in school children and its prevention by B.C.G. vaccination are given on pages 48-51.

5. Deaths of School Children

A detailed report of deaths of school children during the preceding seven years was presented to Committee in February 1970. This report gives some of the reasons for an increase of such deaths during the past two years with fuller details for 1970.

During 1970 the deaths of 12 Preston children of school age were notified. This

is the same figure as reported for 1969 but compares with a mean of six deaths per annum in the preceding six years (1963/68). Table A shows the numbers of school-age children dying from accidents, malignant disease and other causes in the eight years 1963-1970. The figures include children who through handicap were unable to attend school. There were two such children in 1970.

The increased mortality for school-age children in the past two years can be in part, accounted for by an increase in deaths from accidents and from congenital conditions. Of the 19 accidental deaths shown in the table, 12 were the result of road accidents, four the result of drowning. In the main the road accident deaths occurred following injuries sustained when the child was knocked down by a motor vehicle. All but one of these 12 children were of primary school age. In 1970 a 10 year old boy and a six year old girl died as the result of a road accident. Three of the four deaths from drowning occurred during the two years 1969-70. In 1970 a seven year old boy died from drowning in the swimming baths. The fourth death by accident in 1970 was a 12 year old boy who died in a sand-pit collapse.

Of the 28 deaths from "other causes" shown in Table A, seven were caused by various congenital conditions and five such deaths occurred in the two years 1969-70. Advances in medical and surgical treatment have enabled more handicapped children to survive infancy and early childhood but some of these have not been able to survive their school years. In 1970 two children died as the result of congenital disorder, a six year old girl with liver disease and a 13 year old boy with a rare blood disorder. The five remaining deaths from "other causes" in 1970 were the result of acute heart disease in a 14 year old girl, peritonitis in a girl of nine years and broncho-pneumonia in three children all of whom suffered from severe neuromuscular disease. Two of these were girls aged five and six years with marked cerebral palsy unable to attend school. The other was a girl of nine years who suffered from muscular weakness due to myasthenia gravis.

Deaths from malignant disease include four out of 10 caused by leukaemia. In 1970 there was one death from malignant disease in a five year old boy.

Table A.
Deaths of School age Children in Preston.

Years	Accidents	Malignant Diseases	Other Causes	Total Deaths
1963	2	1	4	7
1964	1	2	2	5
1965	3	3	2	8
1966	2	1	2	5
1967	2	—	2	4
1968	1	—	3	4
1969	4	2	6	12
1970	4	1	7	12
Totals ..	19	10	28	57

B — ROUTINE EXAMINATIONS

1. Periodic Medical Inspections

Pupils are medically examined on school entry and during their fourth year at secondary school. For those in their last year at primary school questionnaires are completed by parents. The information from these and from medical records together with reports from school allow application of selective inspection to this age group. It has, however, been left to the discretion of each school doctor whether to examine selected children or all pupils in the group concerned.

During 1970 6,030 children were examined. Of these, three were recorded as being of unsatisfactory physical condition. The total number of defects found in those examined was 3,639 of which 1,766 required treatment and 1,873 were considered to require observation. Details are given in Table G in the Appendix. Unfortunately the lack of constant availability of medical staff has not allowed reviews to be kept up-to-date and there has been need to select those most deserving attention.

In November 1970 urine testing was introduced as a routine for children undergoing their final medical inspection. This test is for the detection of sugar or protein in the urine. A single impregnated paper strip is used for each urine specimen and three or four specimens can be tested in one minute. The value of this screening procedure is the detection of diabetes mellitus or renal disease. Where positive results are obtained further detailed investigations are carried out to establish a firm diagnosis. No cases of renal disease or diabetes were brought to light among the children screened before the end of 1970 although the test proved of additional value in indicating satisfactory control of diabetes in a few children known to have this disease. Reassurance was needed by the staff in one school that the urine tests were not for the detection of drug takers. Pupils generally have accepted the procedure without question. Explanation is given routinely. The practicability of applying as a routine screening procedure an additional test to detect urinary tract infection, using a "dipslide" method will be investigated in 1971.

Since 1969 medical examination of children newly immigrant to the town has been adopted and weekly lists of such children are provided by the Education Department. This examination includes routine tuberculin testing, and B.C.G. vaccination is given where appropriate.

2. Hygiene Inspections

During the 10 years 1961-1970 the percentage of pupils affected by head louse infestation has fluctuated between 6% and 10%. The level for 1970 is 8.3%. Table I in the Appendix shows total figures for boys and girls while the Table below gives comparative figures for primary and secondary schools. In 1969 the higher rates were among the secondary schools population; in 1970 the primary schools had the higher rates especially for girls of whom 11.5% were found to be infested. In many schools infestation is negligible but in certain schools it is a major problem with one in four pupils being affected. Special campaigns have in the past alleviated the problem for a time in such schools but the fact that several of these are remote from any of the four clinics undertaking cleansing has made it impossible to maintain control of the problem. There is therefore a clear need of a peripatetic hygiene attendant to visit these schools. The responsibility of parents, however, needs emphasis and revised letters to parents of affected children are proposed warning them that failure to co-operate could lead to prosecution. Both these recommendations have been made early in 1971 following a special report to Committee.

Table B.
Head Louse Infestation 1970.

	Secondary Schools			Primary Schools		
	Boys	Girls	Total	Boys	Girls	Total
Number of pupils inspected 1st January—27th March	1,946	1,854	3,800	4,852	4,501	9,353
Number of these pupils with head- louse infestation	99	155	254	317	520	837
Percentage found to have head- louse infestation	5.09%	7.93%	6.68%	6.53%	11.55%	8.95%

3. Routine Vision Testing

Regular vision testing for school children is important and five tests of vision during a child's school life is a minimum requirement. In addition to tests carried out in association with the three periodic medical inspections, screening of vision with the Keystone Vision Tester is undertaken for children aged 8+ and 12+ years. In 1970 there were 2,366 children in these two age groups tested of whom 392 failed the test, giving a failure rate of 16.6% as compared with 13.5% in 1969. If not already under treatment children failing this test are referred to the Eye Clinic or optician following examination by the school doctor where indicated.

The average number of children tested annually in the past three years is 2,500 indicating coverage of a little over 80% of the pupils in these two age groups. Coverage of absentees is not easy with other duties now devolving on school nurses and the difficulty of obtaining suitable accommodation in certain schools. However, it is clear that the use of the Keystone tester for small groups of absentees is not an economic proposition and it is intended that these should be covered by the standard test of vision on the Snellen's chart.

4. Routine Audiometry

Screening of hearing by pure tone audiometry is carried out on children aged 5+ years. With earlier school entry now obtaining in some schools it is evident that pupils may be in school for considerably over one year before receiving this test. Pure tone audiometry cannot, however, be applied successfully as a routine procedure to children at a younger age. It is therefore, important that where impairment of hearing is suspected in a younger child arrangements are made for medical examination and, where indicated, hearing tests at the Audiology Clinic.

Portable pure tone audiometers are used by school nurses for the screening tests. Testing is carried out at a fixed intensity of 25 db over a frequency range of 250-6,000 c.p.s.

During 1970 only 669 children were tested. The majority of children due for the test in the school year 1969-1970 were tested in Autumn 1969, and therefore were included in the figures for that year, while testing of those eligible during the school year 1970-71 has largely required to be deferred until 1971.

Of the 669 children tested 56 (8.3%) failed this screening test; 49 of these were referred for full pure tone audiometry of whom 45 have been examined. Of those examined 26 were found to have normal hearing. While temporary catarrhal deafness

may have contributed to the failure of some children at the screening test, unsatisfactory test conditions in some schools is a contributory factor. There were 19 children who also failed the full pure tone audiogram. Three of these children were already attending the Ear, Nose and Throat Clinic and the remaining 16 were referred to the Ear, Nose and Throat Specialist. Of these, 13 required observation or treatment for conductive deafness, of whom nine were listed for removal of adenoids and/or myringotomy. Return to normal hearing thereafter is likely. One child with nerve deafness in one ear was detected while two other children did not require further follow up at the Ear, Nose and Throat Clinic.

C — SPECIAL EXAMINATIONS

1. Special Medical Inspections

In the main, review of children with defects had to be restricted to those whose conditions presented special problems in school and for whom special provision might be required. Figures in Table G in the Appendix are of defects discovered in the course of the special inspection and not previously noted.

Issue of the bell and pad apparatus for enuretic children continued, with 20 pupils completing treatment during the year.

2. Weekly School Visits by Nurse

These visits facilitate exchange of information with school staff on the problems of school children. Both Health Visitors and Clinic Nurses participated in the visits during the year.

3. Juvenile Employment and Convalescence

There were 166 pupils examined in 1970 to assess fitness for juvenile employment.

During the year 57 boys and 59 girls were sent for a fortnight's convalescence to the Craig Convalescent Home, Morecambe after medical screening. Most were deprived children without any medical condition requiring convalescence. A further 18 children (7 boys, 11 girls) not physically handicapped but from poor social circumstances were sent to Hill House, Inworth, Nr. Kelveden, Essex, for the Spring Term 1970. These children receive good residential care at Hill House with attendance at local schools in the area.

The British Epilepsy Association renewed their offer of holiday provision for children suffering from epilepsy. In 1970, however, no children were recommended from Preston.

4. Training College Entrants and School Teachers

There were 90 candidates for Teacher Training Colleges medically examined during the year and six teachers entering employment from College.

D — HANDICAPPED PUPILS

1. Ascertainment

Ascertainment of handicaps experienced by children with mental or physical defects together with recommendation of special educational treatment and their follow up, forms a large part of the school doctors' work.

Ascertainment of children for mental or educational subnormality requires a total assessment. Account must be taken of a child's physical state, and examination for defects of vision or hearing, neurological disability or emotional disorder is essential. Table M in the Appendix gives details which serve to emphasise this. Recommendations made regarding the placement of mentally subnormal children are also shown in the Table. It will be noted from this that one mentally subnormal child is recommended to attend ordinary school and another recommended for admission to the Special Unit at the Open Air School for Physically Handicapped

Pupils. Both these cases will obviously require review following initial schooling in these infant's departments but they do illustrate the present trend of avoiding unnecessary segregation of the mentally handicapped.

Details of the special educational provision for all groups of handicapped pupils are given in Table J in the Appendix.

2. Physically Handicapped Children in Ordinary Schools

A national survey was undertaken during 1970 to determine the number of physically handicapped children attending ordinary schools. Details regarding handicapped pupils in ordinary schools, i.e. those requiring special educational provision, were already known but nationally there was a lack of information on other children with handicaps attending ordinary school. The survey was designed to answer the following four questions:

- How many physically handicapped children are there in ordinary schools?
- What is the nature and degree of their handicap?
- Is too much teachers time being absorbed at the expense of non-handicapped children?
- Are these children deriving at least as much educational benefit and receiving as much medical and nursing attention as they might do in a Special School?

In Preston screening of all children known to school staff and to the School Health Service as having physical defects was carried out during the Summer term. There were 77 such children out of a total school population of 17,336. These included 53 of the 11,273 primary school children and 24 of 6,063 pupils at secondary schools. Of the 77 children, 26 were found to require some special attention in school. Table C gives details of the nature of the defects and the number of children requiring special provision. Not all children affected by the defects listed are included in this group of 77 children since there are those who although affected by a particular condition have no recognizable disability from it.

Table C.
Physically Handicapped Children in Ordinary Schools.

Nature of Defect	Total number of children	Number of children requiring special provision in school
Cerebral palsy	8	3
Spina bifida	3	2
Hydrocephalus without spina bifida	3	—
Defect of upper limb	5	5
Talipes	4	—
Dislocated hips	3	—
Perthe's hip disease	6	2
Post poliomyelitis paralysis	1	—
Muscular dystrophy	1	—
Muscular atrophy	1	—
Osteomyelitis	1	—
Dwarfism	2	1
Haemophilia	3	3
Rheumatic heart defect	3	—
Congenital heart defect	25	7
Other defects	8	3
Total	77	26

Special provision for 22 of the 26 children shown as requiring this consisted only in certain restrictions from physical training or games. Four children needed additionally some help in feeding or dressing. It is clear from this survey that the need for special help is minimal and imposes no real burden on the school staff. None of the children requires special nursing attention. Physiotherapy is required for three but this must necessarily be given at hospital. Periodic reviews by the school doctor is available. Clearly the children are deriving as much educational benefit as they might do in a special school.

3. Special Educational Provision in Ordinary School

The two categories of handicapped pupils requiring special educational treatment in an ordinary school are those who are either partially hearing or affected by defective speech.

For partially hearing pupils provision of a hearing aid and appropriate positioning in the classroom alone may suffice. There were 18 such pupils at the end of the year. The Partially Hearing Unit at Holme Slack Primary School, opened in 1969, provides for a number of partially hearing pupils who otherwise would have required admission to a school for the partially hearing necessitating residential placement. It has the advantage that the pupils are an integral part of a normal school all joining in certain school activities and with release to ordinary classes according to their progress and the degree of their handicap. The Unit is well equipped with electronic hearing apparatus to allow of group or individual instruction and includes a language laboratory. At the end of 1970 there were four Preston children in the Unit (three boys, one girl) in addition to three girls and one boy from the County area.

Children in ordinary schools listed for speech therapy numbered 118. Throughout 1970, however, treatment was only possible through the hospital service and this could be provided for only 24 of these pupils.

From the beginning of 1970/71 school session there has been no special provision for maladjusted pupils in ordinary schools consequent on the opening of Moorbrook Special Day School. During the year there were eight Preston children with problems of maladjustment who required a period at Larches Hostel with attendance at an ordinary school. The Larches special classroom sited in the grounds of the Hostel, provides special tuition for a few pupils from the Hostel and it is also used as an assessment unit.

The majority of diabetic children can attend ordinary school without special educational treatment although appropriate dietary provision is available through the school meals service. Of the 11 Preston school children known to be suffering from diabetes none required residential placement and only one required special schooling at the Open Air School for Physically Handicapped Pupils.

4. Home Teaching

The downward trend in the demand for home teaching during the 1960's continued with only seven children requiring this provision in 1970, the lowest annual figure yet in Preston. At the beginning of the previous decade an average of 25 children annually required home tuition. Table D gives details of the seven children provided with home teaching in 1970. All of these are physically handicapped pupils. The duration of home teaching if completed during the year or the date commenced if continuing into 1971 are indicated in this Table. It will be seen that only four pupils still required home tuition at the end of 1970. All three pupils completing home teaching during the year were admitted to the Open Air School for Physically Handicapped Pupils.

Table D.
Analysis of Pupils on Home Teaching — 1970.

Diagnosis	Sex	Age (years)	Duration of Home Teaching
Congenital condition			
Heart defect	M	7	Two years.
Spina bifida	M	6	Intermittently for one year.
Spinal curvature	M	7	Commenced December, 1968.
Acquired conditions			
Perthe's hip disease	M	10	Thirteen months.
Amputation, one leg	F	6	Commenced June, 1970.
Cerebral tumour	F	10	Commenced November, 1970.
Rheumatic fever	F	15	Commenced November, 1970.

5. Residential Special Schools

Details are given in Table E below. Of the 25 Preston children at the Royal Cross School for the Deaf only 10 are residential there being 15 attending as day pupils. Similarly four of the seven children attending the Fulwood school for partially sighted attend as day pupils.

Table E.
Children in Residential Special Schools.

Category	School	Number of Preston children
(a) Blind Pupils	Rushton Hall	1
(b) Partially Sighted Pupils..	School for Partially Sighted Pupils, Fulwood, Preston	7
(c) Deaf Pupils	Royal Cross School for the Deaf, Preston	21
(d) Partially Hearing Pupils	Royal Cross School, Preston	4
	Thomasson Memorial Special School, Bolton	2
(e) Educationally Subnormal	Hindley Hall Special School, Stocksfield	2
	Springhill Special School, Ripon ..	1
	Hilton Grange School, Bramhope, Leeds	2
	National Children's Home, Crowthorn School, Edgworth	2
	Meadows School, Tunbridge Wells ..	1
	Allerton Priory School, Liverpool, (E.S.N. maladjusted pupils) ..	1
(f) Epileptic Pupils	Soss Moss School, Chelford	3
(g) Physically Handicapped Pupils	Chailey Heritage Croft School, Lewes...	1
(h) Maladjusted	Childscourt Residential School, Little- ford House, Wincanton, Somerset..	1
	St. Joseph's School, East Finchley ..	2
	Cotswold Chine Home School, Stroud ...	2
	Chageley Residential School, Thelwall	1

6. Day Special Schools

Physically handicapped and delicate pupils, educationally subnormal pupils and, since August 1970, maladjusted pupils are provided for in three day special schools in Preston. The two day special schools adjoining each other in Moor Park provide for Physically Handicapped or Delicate Pupils and Educationally Subnormal Pupils respectively. Moorbrook Special School provides for maladjusted pupils.

The Open Air Schools

The clinic facilities shared by the two Open Air Schools continued without change in the arrangements for daily attendance of the school nurse and visits by the school doctor once or twice weekly. During the year there was no medico-auxiliary help available nor were there any visits by hospital consultants.

The designation Open Air School is today inappropriate since fresh air provision, an obvious pre-requisite for all school children, is amply provided in all modern school premises. The name was doubtless more appropriate once when smoke pollution was severe especially in industrial and central parts of the town and in an age when fresh air was a feature of the treatment of tuberculosis, the disease above all others for which an Open Air School was first established in Preston in 1919. Open air has no special part to play, however, in the treatment of handicapped pupils and the proposal therefore to re-name these schools during the coming year is welcomed.

Open Air School for Physically Handicapped Pupils

There were 112 pupils on roll at the end of 1970 as follows:

Boys: Delicate 28,
Physically Handicapped 32,
Epileptic 1.

Girls: Delicate 26,
Physically Handicapped 25.

These figures include 24 children from the Lancashire County Council area of whom 17 are physically handicapped and seven delicate. It will be noted that now just over half of the pupils are physically handicapped rather than delicate, a change in the emphasis from previous years.

Of a total of 19 children admitted during 1970, 12 were physically handicapped. The reasons for these admissions are classified in the accompanying table.

Table F.
Admissions to Open Air School for Physically Handicapped Pupils in 1970.

Physically Handicapped Pupils	Number of Pupils
Congenital heart disease	2
Cerebral Palsy	1
Friedreich's Ataxia	1
Other Ataxia	1
Muscular Dystrophy	2
Perthe's Hip Disease	1
Thalassaemia	1
Spina Bifida	3
Delicate Pupils	
Bronchitis	1
Minimal Cerebral Dysfunction	3
Nervous Debility	3
Total	19

Shown below are the number of pupils in the school on account of selected disabilities. Figures are for the end of the year.

Asthma	..	..	..	..	..	..	14
Cerebral Palsy	..	..	..	..	..	..	9
Congenital Heart Disease	..	..	..	..	..	..	5
Diabetes	..	..	..	..	..	..	1
Encopresis	..	..	..	..	..	..	4
Epilepsy	..	..	..	..	..	..	1
Maladjustment	..	..	..	..	..	..	3
Neurological Disorders (various)	..	..	..	..	..	..	11
Poliomyelitis	..	..	..	..	..	..	5
Respiratory Infections	..	..	..	..	..	..	9
Spina Bifida	..	..	..	..	..	..	10

Two of the three children suffering from maladjustment had a history of school refusal at their previous schools. In addition to the three maladjusted pupils six other children in the school had a history of emotional disturbance severe enough to warrant child guidance therapy.

The Special Unit provides for up to 10 severely handicapped children from about four years of age. The teacher in charge has help from a nursery assistant. At the age of seven years pupils are transferred from the Unit to the ordinary junior classes of this school. Altogether 14 pupils attended the Unit during the year and shown below are the conditions which merited this provision.

	Number of Pupils					
Spina Bifida	..	..	..	..	..	5
Cerebral Palsy	..	..	..	..	..	3
Cerebral Dysfunction	..	..	..	..	..	3
Muscular Dystrophy	..	..	..	..	..	2
Bronchitis	..	..	..	..	..	1

Three of the above children were transferred to ordinary classes of the school during the year, one child was discharged to ordinary school, while one child with severe athetoid cerebral palsy died. The three children shown as affected by cerebral dysfunction have varying degrees of inco-ordination of movement, manipulation or speech resulting in considerable educational handicap.

Open Air School for Educationally Subnormal Pupils

At the end of 1970 there were 134 pupils on the roll all but one of these being Preston children. There were seven children awaiting admission. During the year there had been 28 admissions and 37 discharges. Of the latter 21 left with a view to employment and details of these are given under item 7 below.

Transferred to residential school (E.S.N.)	..	3
Transferred to Open Air School for P/H pupils	..	3
Returned to ordinary school	..	3
Transferred to Junior Training Centres	..	2
Transferred to Royal Albert Hospital	..	1
Left district	..	4

3. Employment for the Handicapped

Discussions took place during the year between head teachers, careers officer and school doctor on suitable employment or provision for handicapped school leavers.

All of the 10 Preston children leaving the Open Air School for Physically Handicapped Pupils secured or were placed in employment or training. Four of

these pupils left prematurely at the age of 15 years one of them being sent on vocational training prior to employment. One boy severely handicapped by muscular dystrophy was placed at the Adult Training Centre with a view to assessment and possible training. No pupils were recommended for special assessment courses and none proceeded to further education.

Of the 21 Preston pupils leaving the Open Air School for Educationally Subnormal Pupils all but one found work or were placed in employment by the Careers Officer. There were 12 pupils amongst these who left prematurely at 15 years of age. No pupils were recommended for training centre placement.

While medical certificates are completed for school leavers with severe physical handicaps with a view to registration as disabled persons, only one boy and two girls from all Preston schools registered as disabled persons during the year.

E — SPECIALIST AND REMEDIAL SERVICES

1. Ear, Nose and Throat Clinics

Weekly sessions at Saul Street Clinic were held by both of the hospital Consultants. There were 154 children referred during the year. Reasons for referral were as follows:

Enlargement of tonsils or adenoids	..	..	61
Diseases of the ears	..	..	15
Defective hearing	..	..	35
Other conditions	..	..	43
Total	..	..	154

One reason for some reduction in the numbers referred to the Clinics during 1970 was that only 16 children were referred following routine audiometry in schools because of the limited screening done during the year. This has already received comment.

Further details are given in Table K in the Appendix.

2. Ophthalmic Clinics

Refraction sessions were held at Saul Street Clinic weekly by Dr. Banik, Assistant Ophthalmologist, with fortnightly sessions for squint and other special cases. Dr. Dowling, Departmental Medical Officer, held only monthly refraction sessions. While this reduced service catered for the demands on it during the first half of the year a great volume of medical inspection work carried out in the Autumn Term resulted in a considerable waiting list of children referred to the eye clinics. Additional eye clinic sessions will be required in 1971 to meet this demand.

Details of the work of these clinics is summarised in Table L in the Appendix.

3. Paediatric and Orthopaedic Services

These Consultant services were provided through hospital departments and liaison with them was maintained by medical and nursing staff during the year. The helpful advice of the Consultant Paediatrician and of the Consultant Orthopaedic Surgeon regarding school children under their care is gratefully acknowledged. The attachment of one health visitor to the Paediatric Clinic continued to prove valuable in the interchange of information.

4. Physiotherapy and Speech Therapy

Throughout the year the School Health Service was without either a physiotherapist or speech therapist, in spite of repeated advertisements.

The School Health Service provides ample scope for such medico-auxiliary

workers who have interest in handicapped children. Necessarily in both cases the therapists work single handed, although not isolated from medical and nursing staff. Nationally there is a severe shortage both of physiotherapists and of speech therapists and the constant vacancies in hospital understandably attract the majority to work within the National Health Service. The possibility of the post of physiotherapist being offered as a joint appointment with both Local Authority and Hospital Service was explored but not considered a practicable proposition.

For some years now provision of physiotherapy within the School Health Service has been confined to handicapped pupils attending the Open Air Schools. Children requiring this treatment were reviewed during the year by the school doctor. For the majority no alternative was available but a few cases were provided for at hospital and two children, severely handicapped by cerebral palsy, were referred for treatment at the Spastics Centre. Supervision of appliances of handicapped children was undertaken by the school nurse who maintained contact with the hospital rehabilitation service.

Adequate provision of speech therapy has not been possible for many years in the School Health Service. While similar provision in hospital is also limited it was possible to arrange for hospital treatment of 25 pupils with severe speech defects and this provision is acknowledged with gratitude.

The year ended with 111 pupils from ordinary and special schools awaiting treatment. This number would require review before commencement of any therapy was instituted because of the possibility of spontaneous improvement in certain cases.

F — SCHOOL DENTAL SERVICE

The Chief Dental Officer, Mr. A. Kershaw, has contributed the following remarks:

Advertisements in the British Dental Journal and the Local Press have failed to attract suitable applicants to the posts of Senior Dental Officer and Dental Officer. In consequence the service has been reduced to the Chief Dental Officer and two part-time Dental Officers one of the part-time Officers resigning in December.

An attempt was made to inspect and treat all the Junior School children within the year. This was just attained.

The Consultant Anaesthetist and the Consultant Orthodontist have given invaluable service throughout the year.

The record of work done is shown in Table N in the Appendix.

G — OTHER PROVISION

I am grateful to Mr. Tuson, Chief Education Officer, for the following two reports:

1. Physical Education

Physical education continued to exert a considerable influence on the school curriculum during 1970. Facilities have been provided to a high standard in all the comprehensive schools during the post-war period and the benefits of the provision are self-evident.

Two Play Centres were organised for children during the summer evenings and preparations were made to open an Adventure Playground in February, 1971.

Penwortham Holme Recreation Centre continued to attract good attendances throughout the year for its programme of activities for young people and adults.

2. School Meals and Milk-In-Schools Scheme

School Meals

The School Meals Service provides dinner and teas. Light mid-morning lunches are taken at the Open Air School for Physically Handicapped Pupils. During the summer 1970, 2,751 packed dinners and 375 packed teas were supplied to schools going on educational visits.

At Christmas 1970, 8,131 party teas were provided for school parties.

A total of 61 dining centres catered for dinners during the year. A summary of three surveys carried out gives the number of children taking dinners on the normal school days:

March, 1970	..	..	..	..	..	..	12,427
May, 1970	..	..	..	..	..	..	11,619
September, 1970	..	..	..	..	..	..	12,152

The total number of dinners supplied during the year was 2,545,480 compared with 2,605,264 in 1969.

Milk-In-Schools Scheme

During 1970, 1,982,048 bottles of milk were consumed in Primary and Special Schools.

In the Autumn Term, 1970, a daily average of 9,965 bottles was supplied to pupils in Primary and Special Schools.

Appendix — Statistical Tables

Table 1.
Total confinements and distribution of these confinements between hospitals and nursing homes, general practitioners and midwives for twenty-two years since 5th July, 1948, and attendances at local authority clinics.

Year	DOMICILIARY CONFINEMENTS					CLINICS						
	Hospital con- fine- ments	Domi- ciliary con- fine- ments	Total con- fine- ments	% domiciliary con- fine- ments to total	MIDWIVES		MIDWIVES WITH DOCTORS PRESENT		No. of persons who attended	Total No. of attend- ances at clinics	Average attendance of each person	Ratio of persons attending to total domiciliary confinements
					Number attend- ed	% of total domiciliary con- fine- ments	Number attend- ed	% of total domiciliary con- fine- ments				
1	2	3	4	5	6	7	8	9	10	11	12	13
1948 from July	829	270	1,099	24.57	172	63.7	98	36.3	222	690	3.11	82%
1949	1,639	574	2,213	25.94	350	61.0	224	39.0	777	2,994	3.85	135%
1950	1,669	487	2,156	22.59	323	66.3	164	33.7	602	2,798	4.53	124%
1951	1,530	454	1,984	22.88	302	66.5	152	33.5	620	3,023	4.88	137%
1952	1,511	508	2,019	25.16	321	63.3	186	36.7	667	3,311	4.97	132%
1953	1,454	548	2,002	27.37	424	77.6	122	22.4	770	3,891	5.05	141%
1954	1,422	487	1,909	25.50	366	75.2	120	24.7	712	3,793	5.16	146%
1955	1,527	350	1,877	19.18	297	84.9	52	14.9	727	3,593	4.94	208%
1956	1,526	373	1,899	19.64	310	83.1	63	16.9	670	3,142	4.69	180%
1957	1,641	391	2,032	19.24	354	90.5	37	9.5	758	3,451	4.55	194%
1958	1,442	471	1,913	24.62	425	90.2	46	9.8	747	3,981	5.33	158%
1959	1,486	551	2,037	27.05	506	91.8	43	7.8	934	5,050	5.41	170%
1960	1,457	603	2,060	29.27	554	91.9	44	7.3	973	5,076	5.20	161%
1961	1,548	585	2,133	27.42	521	89.7	60	10.3	1,026	5,695	5.55	175%
1962	1,558	713	2,271	31.39	605	85.2	105	14.8	1,167	6,546	5.61	164%
1963	1,481	638	2,119	30.11	557	87.3	81	12.7	1,088	6,174	5.67	170%
1964	1,555	638	2,193	29.09	556	87.1	82	12.9	1,068	5,825	5.45	167%
1965	1,545	542	2,087	25.97	495	91.3	47	8.7	871	5,160	5.92	161%
1966	1,450	524	1,974	26.54	482	92.0	42	8.0	846	5,276	6.23	233%
1967	1,347	563	1,910	29.47	510	90.6	53	9.4	942	5,295	5.62	167%
1968	1,405	484	1,898	25.62	462	95.5	22	4.5	779	4,994	6.41	161%
1969	1,326	489	1,815	26.92	461	94.27	28	5.7	858	5,375	6.26	175%
1970	1,365	425	1,789	23.70	403	94.82	22	5.18	578	4,329	7.49	136%

Table 2.
Place of delivery of Preston mothers during 1970.

Place of confinement	Available beds	No. of Preston deliveries
Domiciliary	—	424
Sharoe Green Hospital	53	915
Preston Royal Infirmary	48	387
Preston Royal Infirmary, GP. Unit	9	56
Other hospitals	—	7
Totals	110	1,789

Table 3.
Mortality of Premature Infants.

Birth Weight	Died within 24 hrs. of birth	Died in 1 & under 7 days	Died in 7 & under 28 days	Survived 28 days	Total
Babies born at home or in a nursing home and nursed entirely at home or in a nursing home—					
2 lbs. 3 ozs. or less	1	—	—	—	1
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	1	—	—	—	1
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	—	—
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	—	—
5 lbs. to 5 lbs. 8 ozs.	—	—	—	19	19
Total	2	—	—	19	21
Babies born at home and transferred to hospital—					
2 lbs. 3 ozs. or less	—	—	—	—	—
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	—	—
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	1	1
5 lbs. to 5 lbs. 8 ozs.	—	—	—	—	—
Total	—	—	—	1	1
Babies born in hospital—					
2 lbs. 3 ozs. or less	3	—	—	—	3
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	3	—	—	5	8
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	5	2	—	21	28
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	3	—	—	41	44
5 lbs. to 5 lbs. 8 ozs.	3	1	—	77	81
Total	17	3	—	144	164
GRAND TOTALS	19	3	—	164	186

Table 4.
Congenital Malformations, 1970, Apparent at Birth.

DIAGNOSTIC GROUP											
Sub-Group		Central Nervous System	Eye and Ear	Alimentary System	Heart and Circulatory System	Respiratory System	Urino-Genital System	Limbs	Other parts Musculo-Skeletal System	Other Systems	Other Malformations
		(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
0	Unspecified Malformations of Alimentary System .. Polydactyly Other and Unspecified Congenital Malformations ..			1				2			1
1	Anencephalus Cleft Lip Malformations of Nose .. Malformations of Skull or Face Bones Other malformations of Face and Neck	4		1		1			1	1	
2	Cleft Palate			1							
3	Cataract and Corneal opacity		2								
	Hydrocephalus Tracheo-oesophageal Fistula Oesophageal Atresia and Stenosis Malformations of Male External Genitalia .. Other Specified Malformations of Skin including Ichthyosis Congenita ..	3		1			1			4	
5	Talipes							12			
6	Congenital Dislocation of Hip Unspecified Malformation of Ear Malformations of Tongue ..		1	2				1			
7	Down's Syndrome (Mongolism) Hypospadias, Epispadias ..						5				7
8	Accessory Auricle Other Specified Malformations of Leg or Pelvis .. Spina Bifida	5	2					2			
9	Specified Malformations of Heart and Circulatory System Exomphalos, Omphalocele (excl. Umbilical Hernia) ..				1					1	
	Total	12	5	6	1	1	6	17	1	6	8

Table 5.
Quantities of Welfare Foods sold — 1970.

	National dried milk	Orange Juice	Cod liver oil	Vitamins A and D
Welfare Foods Centre, Market Street ..	2,045	7,240	268	1,059
Child Health Centres	2,732	15,023	956	899
Total	4,777	22,263	1,224	1,958

Table 6.
Day Nurseries, 1970.

	Greenbank	Hartington Road	Isherwood Street	Total
Attendances	11,241	11,382	11,508	34,131
New children admitted...	54	56	43	153
Children left	51	55	41	147
On Register—				
January 1st	53	59	61	173
December 31st	58	60	60	178
On Waiting List—				
January 1st	39	75	56	170
December 31st	51	75	59	185
INFECTION :				
Measles	3	22	12	37
Rubella	—	2	5	7
Chicken Pox	28	1	—	29
Whooping Cough	—	1	—	1
Mumps	2	17	2	21
Dysentery	3	—	—	3
Scarlet Fever	—	—	—	—
Gastro-Enteritis	—	—	—	—
Hepatitis	—	—	—	—
Influenza	—	—	—	—

Table 7.
Children attending the day nurseries on Social Grounds 1970.

	On register on December 31st, 1970	On register at any time during 1970 (including previous column)
Parents separated or divorced	33	52
Mother widow	4	4
Father widower	8	9
Mother unmarried	26	51
Mother in hospital or ill	7	11
Father in hospital or ill	2	5
Father in Prison	1	1
Father continually unemployed	2	2
Poor housing conditions	13	18
Children with speech defects	2	2
Children physically handicapped	1	5
Maladjusted children or parents	8	13
Parents deserted	1	1
Any other reason	12	17
Total	120	191
Number of 'short stay' children admitted during the year ... 16		
Number of priorities on waiting list 31st December, 1970 ... 98		
Number on reduced fees during 1970 70		

Table 8.
Cases visited by Health Visitors.

1	Children born in 1970	1,852
2	Children born in 1969	1,657
3	Children born in 1965-68.. .. .	4,655
	Total	8,164
4	Persons aged 65 or over	1,313
5	Persons included in line 4 who were visited at the special request of a G.P. or hospital	127
6	Mentally disordered persons	20
7	Persons included in line 6 who were visited at the special request of a G.P. or hospital	5
8	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	134
9	Persons included in line 8 who were visited at the special request of a G.P. or hospital	134
10	Tuberculous households visited	332
11	Households visited on account of other infectious diseases	566
12	Other cases.. .. .	881
13	Total cases	11,410

Table 9.
Ear, Nose and Throat Clinic — Pre-school children.

New cases	8
Re-inspections	12
Referred for : Operative treatment	5
Treatment in clinic	2
Observation	13
X-ray	—
Audiometry Test	3
Deaf Aid	—
Treatment : Operative	2
Clinic	—
Total Attendances	20

Table 10.
Ophthalmic Clinic — Pre-school children.

Children dealt with	38
New cases	20
Refractions	31
Re-inspections	32
Prescriptions given	14
Referred for : Operative treatment	7
Orthoptic treatment	9
Total Attendances	51

Table 11.
Dental Treatment, 1970.

	Children 0—4 years	Expectant and nursing mothers
Inspections		
First inspections	53	7
Requiring treatment	33	7
Offered treatment	30	7
Visits		
First	41	7
Subsequent	24	16
Total	65	23
Additional Courses of treatment commenced	7	1
Fillings	81	1
Teeth filled	79	1
Teeth extracted	45	15
General Anaesthetics	17	2
Emergencies	14	—
Prophylaxis	—	3
Courses of treatment completed	40	7

Table 12.
Summary of the work of the District Nurses.

	No. of cases at beginning of month	New cases	Terminated				No. of cases at end of month	No. of visits
			Re- covered	Hosp.	Died	Other causes		
January ..	785	232	129	46	43	17	782	7,863
February ..	782	191	110	38	28	17	780	6,583
March ..	780	186	103	27	29	16	791	7,270
April ..	791	181	119	45	19	12	777	7,075
May ..	777	162	105	25	17	13	779	6,854
June ..	779	170	111	27	12	22	777	6,756
July ..	777	156	99	23	20	25	766	6,993
August ..	766	159	102	24	18	11	770	6,825
September ..	770	167	98	34	11	13	781	6,912
October ..	781	201	94	33	24	12	819	7,257
November ..	819	171	126	24	25	19	796	7,343
December ..	796	184	110	27	25	14	804	7,437
Total for year	—	2,160	1,306	373	271	191	—	85,168

Table 13.
Conditions dealt with by district nurses during the year.

	Number of cases	Number of visits
Heart disease	155	4,857
Cancer	173	6,747
Cerebrovascular disease	210	9,888
Blood diseases	390	8,748
Diabetes	46	10,088
Tuberculosis	75	3,664
Other chest diseases	258	5,154
Other infectious diseases	39	490
Post operative cases	305	4,982
Fractures	44	1,553
Varicose ulcer of leg	97	6,887
X-ray preparation	214	629
Local infection	85	1,555
Constipation	70	445
Complications of pregnancy	91	932
All other conditions	693	18,549
Total	2,945	85,168

Table 14.
Cases of infectious diseases and complications of pregnancy
visited during the year by district nurses.

	Number of Cases	Number of Visits
Pneumonia (all forms)	47	654
Tuberculosis	75	3,664
Influenza	31	432
Tonsilitis	4	15
Measles	3	34
Scarlet Fever	1	9
Threatened Miscarriage	7	41
Anaemia of Pregnancy	73	802
Post Natal Anaemia	1	1
Breast Abscess	1	6
Ophthalmia Neonatorum	1	12
Caesarian Section	5	35
Anaemia following Miscarriage	2	29
Puerperal Pyrexia	1	6
Total	252	5,740

Table 15.
Chiropody Treatments, 1970.

Persons aged 65 and over	1,288
Expectant mothers	—
Others	21
Total Persons	1,309
In clinics	3,913
In patients' homes	1,314
Total Treatments	5,227

Table 16.
Analysis of persons in residential accommodation on 31st December, 1970,
by age, sex, and size and type of home.

Age	Sex	Persons (exclusive of staff) residing in								Total	
		Homes in the possession of the Council whose normal bed complment for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council by voluntary organisations		
		Under 31 (1)	31-50 (2)	51-70 (3)	71-150 (4)	Over 150 (5)	In possession of a local authority (6)	In possession of a hospital (7)			
									(8)	(9)	
Under 30	M	..	..	..	..	..	..	..	2	2	
	F	..	..	..	..	..	..	..	1	1	
30—49	M	..	..	..	..	..	..	..	3	3	
	F	..	..	..	..	..	..	..	3	3	
50—64	M	..	..	..	..	6	..	..	3	9	
	F	1	2	..	..	10	..	..	1	14	
Total Under 65 ..		1	2	..	..	16	..	..	13	32	
65—74	M	..	3	..	..	25	..	..	..	28	
	F	2	6	..	..	39	..	..	1	48	
75—84	M	..	19	..	..	27	..	..	3	49	
	F	11	27	..	..	54	..	..	4	96	
85 and over ..	M	..	8	..	..	14	..	..	..	22	
	F	2	11	..	..	38	..	..	9	60	
Total 65 and over		15	74	..	..	197	..	..	17	303	
Total all ages ..		16	76	..	..	213	..	..	30	335	
Number of homes in which persons reside		1	2	..	..	1	..	..			
Number of Persons accommodated		Sex	Under 30	30—49	50—64	Total under 65	65—74	75—84	85 and over	Total 65 and over	Total All Ages
On behalf of other local authorities (included above)		M	..	..	..	..	..	4	1	5	5
		F	..	..	..	..	3	2	3	8	8
By other local authorities on behalf of the Council (Not included above)		M	1	..	..	1	..	..	..	..	1
		F	..	1	..	1	2	..	..	2	3

Table 17.

**Analysis of persons aged under 65 in residential accommodation on 31st December, 1970,
by major disability and size and type of home.**

[illegible]

Table 18.
Analysis of persons aged 65 and over in residential accommodation on 31st December, 1970,
by major disability and size and type of home.

Major Disability	Persons (exclusive of staff) residing in									Total
	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council by voluntary organisations		
	Under 31 (1)	31-50 (2)	51-70 (3)	71-150 (4)	Over 150 (5)	In possession of a local authority (6)	In possession of a hospital (7)			
									(8)		(9)
1. Blind	1	1	..	..	4	..	..	10	16	
2. Deaf	..	..	..	..	1	..	..	2	3	
3. Epileptic	..	..	..	..	1	..	..	..	1	
4. Mentally disordered ..	..	5	..	..	25	..	..	..	30	
5. Other persons	14	68	..	..	166	..	..	5	253	
6. Total	15	74	..	..	197	..	..	17	303	

Notes :

1. The terms mentally handicapped and severely mentally handicapped are now used in place of subnormal and severely subnormal.
2. **Blind.** Registered blind persons, or persons who are apparently eligible for registration.
3. **Deaf.** The profoundly deaf, that is to say persons so severely hard of hearing that communication with them must be by sign or writing.
4. **Epileptic.** Persons who have had an epileptic seizure during the past twelve months, or whose epileptic condition is controlled by drugs.
5. **Physically handicapped.** (Table 3). Persons who are substantially and permanently handicapped by illness, injury, or otherwise to a degree which seriously limits their activities.
6. **Mentally handicapped.** (Table 3). Persons who suffer from arrested or incomplete development of mind (previously referred to as mentally subnormal).
7. **Mentally ill.** (Table 3). Persons with an impairment of mental capacity in any form, other than mental handicap.
8. **Mentally disordered.** (Table 4). Persons with an impairment of mental capacity in any form.

Table 19. Applications received from homeless families and admissions to temporary accommodation during the year.

A. ACTION TAKEN BY LANDLORD—other than local authority (Unauthorised occupants should be included in line C(a) only)	Applica- tions (Family units)	Admissions	
		Families	Persons
(i) By Court Order for			
(a) Rent arrears	1	..	..
(b) Landlord wanted accommodation for use of self or family	..	..	..
(c) Service contract ended	..	..	..
(d) Landlord defaulted on mortgage	..	..	..
(e) Other reasons	2	..	..
Total	3	..	..
(ii) Actions other than Court Order			
(a) Authorised increase in rent	..	..	..
(b) Illegal increase in rent	..	..	..
(c) Harassment	2	..	..
(d) Other reasons	6	1	5
Total	8	1	5
B. LOCAL AUTHORITY ACTION			
(i) As a Landlord			
(a) Rent arrears	6	2	10
(b) Service contract ended	..	..	..
(c) Other reasons	1	..	..
(ii) Otherwise (e.g., notices served on landlord under Public Health Acts or Housing Acts, dangerous structures, major repairs, Compulsory Purchase Orders, Management Orders)	..	..	..
Total	7	2	10
C. OTHER REASONS			
(a) Unauthorised occupants	1	..	..
(b) Family disputes			
(i) between husband and wife or cohabitees ..	3	2	10
(ii) involving other relatives	4	..	..
(c) Fire, flood and storm	..	..	..
(d) From hotel or other similar accommodation ..	1	..	..
(e) New to area — arrived during the reporting period—including persons repatriated from overseas	9	2	7
(f) Other reasons	7	1	3
Total	25	5	20
D. TOTAL APPLICATIONS AND NEW ADMISSIONS AS FAMILY UNITS	43	8	35
E. NUMBER OF ADMISSIONS OF INDIVIDUALS OTHER THAN IN FAMILY GROUPS, INCLUDING PERSONS REJOINING FAMILIES AND CHILDREN BORN TO RESIDENTS			..
F. PERSONS ALREADY IN TEMPORARY ACCOMMODATION WHO HAVE BEEN TRANSFERRED FROM THE RESPONSIBILITY OF ANOTHER AUTHORITY		..	..
G. TOTAL ALL ADMISSIONS (INCLUDING TRANSFERS AS "F" ABOVE) ..		8	35
H. HOMELESS FAMILIES REHOUSED DIRECT BY HOUSING AUTHORITY AND NOT INCLUDED ABOVE			
(i) action by landlord	..	..	..
(ii) other reasons	..	..	..

Table 20.
Blind persons.
Total registrations and new cases at year ending 31st December, 1970.

Age at end of year (Cols. 1-3) or at date of registration (Cols. 4-6)				Blind persons registered at end of year			Blind persons registered as new cases (excluding recertifications and transfers from other areas) during the year		
				Male (1)	Female (2)	Total (3)	Male (4)	Female (5)	Total (6)
1	Under 1	..	..	..	..	..	..	..	..
2	1 year	..	..	..	..	..	..	..	..
3	2 years	..	..	..	..	..	..	..	..
4	3 years	..	..	..	..	..	..	..	..
5	4 years	..	..	..	..	..	..	..	..
6	5—10	..	..	1	..	1	..	..	..
7	11—15	..	..	..	..	..	..	..	..
8	16—20	..	..	..	1	1	..	..	..
9	21—29	..	..	3	3	6	..	..	..
10	30—39	..	..	4	4	8	..	..	..
11	40—49	..	..	6	7	13	..	1	1
12	50—59	..	..	20	22	42	..	1	1
13	60—64	..	..	6	14	20	1	..	1
14	65—69	..	..	12	19	31	1	3	4
15	70—74	..	..	10	31	41	—	1	1
16	75—79	..	..	14	30	44	..	1	1
17	80—84	..	..	12	27	39	..	2	2
18	85—89	..	..	2	23	25	1	1	2
19	90 and over	..	..	1	8	9	..	1	1
20	Unknown	..	..	..	..	..	..	..	..
TOTAL ..				91	189	280	3	11	14

Table 21.

Blind Persons Additional Handicaps						Blind persons registered at end of year who are addition- ally handicapped		
						Male (1)	Female (2)	Total (3)
1	Mentally ill only					..	2	2
2	Mentally handicapped only					2	2	4
3	Physically defective only					8	15	23
4	Deaf without speech only					..	2	2
5	Deaf with speech only					1	1	2
6	Hard of hearing only					1	9	10
7	Mentally ill and physically defective					..	..	..
8	Mentally ill and deaf without speech					..	..	..
9	Mentally ill and deaf with speech					..	..	..
10	Mentally ill and hard of hearing					..	..	..
11	Mentally handicapped and physically defective					..	..	..
12	Mentally handicapped and deaf without speech					..	..	..
13	Mentally handicapped and deaf with speech					..	..	..
14	Mentally handicapped and hard of hearing					..	..	..
15	Physically defective and deaf without speech					..	..	..
16	Physically defective and deaf with speech					..	..	..
17	Physically defective and hard of hearing					..	..	..
18	Mentally ill, physically defective, and deaf without speech					..	..	..
19	Mentally ill, physically defective, and deaf with speech					..	..	..
20	Mentally ill, physically defective, and hard of hearing					..	..	..
21	Mentally handicapped, physically defective, and deaf without speech					..	..	..
22	Mentally handicapped, physically defective, and deaf with speech					..	..	..
23	Mentally handicapped, physically defective, and hard of hearing					..	..	..
TOTAL ..						12	31	43

Registration of Blind Persons

Children registered at end of year, children leaving school during year, and place of residence of certain adults.

Table 22. Children aged 0-15 registered at 31st December 1970.					
			Male (1)	Female (2)	Total (3)
Aged under 2	1. Resident in Sunshine Homes		..	..	..
	2. In other residential homes		..	..	..
	3. At home or elsewhere		..	..	..
Aged 2—4	4. Attending nursery schools, incl. Sunshine Homes ..		..	..	..
	5. In residential homes other than Sunshine Homes ..		..	..	..
	6. In hospitals for mentally ill		..	..	..
	7. In hospitals for mentally handicapped		..	..	..
	8. At home or elsewhere		..	..	..
Aged 5—15 and suitable for education at school	Attending special schools for the blind	9. Blind only 10. Additionally handicapped	1 ..	.. ..	1 ..
	Attending other schools	11. Blind only. 12. Additionally handicapped	.. ..	.. ..	.. ..
	Not at school but re- ceiving home tuition	13. Blind only 14. Additionally handicapped	.. ..	.. ..	.. ..
	Not at school and not receiving tuition	15. Blind only 16. Additionally handicapped	.. ..	.. ..	.. ..
	In hospital for mentally ill	17. Blind only 18. Additionally handicapped	.. ..	.. ..	.. ..
	In hospitals for mentally handicapped	19. Blind only 20. Additionally handicapped	.. ..	.. ..	.. ..
	In training centres	21. Blind only 22. Additionally handicapped	.. ..	.. ..	.. ..
	At home or elsewhere	23. Blind only 24. Additionally handicapped	.. ..	.. ..	.. ..
		Total aged 0—15 ..	1	..	1

Table 23.
Blind Children who left school at aged 16 or over during the year.

				Male (1)	Female (2)	Total (3)
1. Entered pre-vocational training				..	..	..
Entered vocational training	2. for open employment			..	..	..
	3. for sheltered employment			..	..	..
Entered employment without training	4. for open employment			..	..	..
	5. for sheltered employment			..	..	..
Not following training or employment	Capable of and available for training or employment for	6. open employment		..	..	..
		7. sheltered employ- ment		..	..	..
	8. Not capable of or not available for training or employment			..	..	..
	9. Awaiting training vacancies or receiving further education			..	..	..
Total				..	..	..

Table 24.
Blind Persons aged 16 and over resident in various homes or hospitals.

Place of Residence	Male (1)	Female (2)	Total (3)
1. Homes provided under Section 12(1a) of the H.S. and P.H. Act, 1968	..	..	..
2. Hospitals for the mentally ill	3	5	8
3. Hospitals for the mentally handicapped	1	1	2
4. Other hospitals	1	2	3
Total	5	3	13

Table 25.
Employed blind persons aged 16 and over at 31st December, 1970

Age		Employed under sheltered conditions in						Employed under ordinary conditions			Total employed (10)
		Special workshops			Home workers schemes						
		Male (1)	F'male (2)	Total (3)	Male (4)	F'male (5)	Total (6)	Male (7)	F'male (8)	Total (9)	
1	16—20	..	..	..	..	..	..	..	..	..	
2	21—39	..	1	1	..	..	..	5	2	7	8
3	40—49	3	3	6	..	..	..	1	1	2	8
4	50—59	4	4	8	..	..	..	6	..	6	14
5	60—64	..	..	..	..	..	..	3	..	3	3
6	65 & over	1	..	1	..	..	..	..	..	..	1
Total		8	8	16	..	..	..	15	3	18	34

Table 26.**Blind persons aged 16 and over who were not in employment at 31st December 1970.**

			Male (1)	Female (2)	Total (3)
Undergoing training	1. for sheltered employment		1	..	1
	2. for open employment		..	..	..
	3. professional or university		..	..	..
Capable of and actively seeking work	already trained	4. for sheltered employment ..	1	..	1
	subject to being trained	6. for sheltered employment ..	..	1	1
		7. for open employment ..	..	..	..
	without training	8. in sheltered employment ..	..	..	..
		9. in open employment ..	..	..	..
Capable of but not available for nor actively seeking work		10. aged 16—59 ..	1	8	9
		11. aged 60—64 ..	..	..	..
Not capable of work		12. aged 16—59 ..	10	31	41
		13. aged 60—64 ..	3	14	17
14. Unemployed persons aged 65 and over			51	124	175
Total			67	178	245

Table 27.

	Male (1)	Female (2)	Total (3)
Number of blind persons aged 16 and over registered under the Disabled Persons (Employment Acts, 1944 and 1958)	18	15	33

Table 28.
Occupations of employed blind persons.

	Sheltered conditions		Ordinary Conditions	Total
	In special work-shops (1)	In home workers schemes (2)		
1. Masseurs and physiotherapists	..	..	..	..
2. Lecturers, teachers, instructors (incl. craft instructors)	..	..	..	..
3. Clergy and members of religious orders	..	..	..	..
4. Barristers, solicitors, and related workers	..	..	..	..
5. Musicians (including music teachers)	..	..	..	..
6. Social, welfare and related workers (incl. placement officers)	..	..	..	..
7. Proprietors, managers, and executives in industry commerce	..	..	..	..
8. Computer programmers	..	..	..	..
9. Other professional, technical, administrative, executive or managerial workers	..	..	..	..
10. Typists, shorthand typists, and secretaries	..	..	..	..
11. Braille copyists and proof readers	..	..	..	..
12. Clerical workers	..	..	..	..
13. Telephone operators	..	..	4	4
14. Working proprietors, shop managers, assistants, salesmen	..	..	..	..
15. Street vendors, newsvendors, hawkers	..	..	..	..
16. Sales representatives, agents, collectors, commercial travellers	..	..	..	..
17. Farmers, farm managers and workers, market gardeners	..	..	..	..
18. Gardeners, groundsmen	..	..	2	2
19. Animal husbandry (including poultry keeping)	..	..	..	..
20. Machine operators (engineering)	..	..	1	1
21. Machine operators, minders (other than engineering)	..	..	1	1
22. Fitters and assemblers	..	..	..	..
23. Viewers, inspectors and testers	..	..	..	..
24. Boxers, fillers and packers	..	..	..	..
25. Warehousemen, storekeepers, and assistants	..	..	..	..
26. Carpenters and joiners	..	..	..	..
27. Knitters (hand and machine), weavers and netting makers	5	..	..	5
28. Upholsters, machinists (bedding, etc.) and mattress makers	1	..	..	1
29. Basket makers	2	..	..	2
30. Mat makers	..	..	..	..
31. Chair seaters	2	..	..	2
32. Brush makers	5	..	..	5
33. Wireworkers	..	..	..	..
34. Boot and shoe repairers	..	..	..	..
35. Piano tuners	..	..	..	..
36. Other craftsmen and production process workers	..	..	..	..
37. Labourers not included elsewhere	..	..	8	8
38. Cleaners, caretakers, porters, domestic and canteen workers	1	..	1	2
39. Launderers and dry cleaners	..	..	..	..
40. Other workers	..	..	1	1
Total	16	..	18	34

Table 29.**Partially sighted persons—New registrations during 1970 and total at end of year.**

Age at end of year (Cols. 1-3) or at date of registration (Cols. 4-6)		Partially sighted persons registered at end of year			Partially sighted persons regis- tered as new cases (excluding re- certifications and transfers from other areas) during the year		
		Male (1)	Female (2)	Total (3)	Male (4)	Female (5)	Total (6)
1	Under 1 year ..	..	..	..	..	..	..
2	1 year ..	..	..	..	..	..	..
3	2 years ..	..	..	..	..	..	..
4	3 years ..	..	..	..	..	..	..
5	4 years ..	..	..	..	..	..	..
6	5—10 ..	5	2	7	1	..	1
7	11—15 ..	..	..	..	..	..	..
8	16—20 ..	..	2	2	..	..	..
9	21—29 ..	1	1	2	..	..	..
10	30—39 ..	3	3	6	..	..	..
11	40—49 ..	2	2	4	..	..	..
12	50—59 ..	1	7	8	..	..	..
13	60—64 ..	3	4	7	..	..	..
14	65—69 ..	7	18	25	..	..	..
15	70—74 ..	3	6	9	2	..	2
16	75—79 ..	3	12	15	..	..	..
17	80—84 ..	2	7	9	..	..	..
18	85—89 ..	1	1	2	..	..	..
19	90 and over ..	1	1	2	..	..	..
20	Unknown ..	..	..	..	..	..	..
Total ..		32	66	98	3	..	3

Table 30.**Partially sighted persons—Removals from register during year.**

Age date of removal from register		On admission to blind register			On decertification due to improved acuity		
		Male (1)	Female (2)	Total (3)	Male (4)	Female (5)	Total (6)
1	0—4 ..	..	..	..	..	..	..
2	5—10 ..	..	..	..	..	..	..
3	11—15 ..	..	..	..	..	..	..
4	16—20 ..	..	..	..	..	..	..
5	21—49 ..	..	..	..	..	..	..
6	50—64 ..	..	..	..	..	..	..
7	65 and over ..	2	3	5	..	..	..
Total ..		2	3	5	..	..	..

Table 31.

Adults (aged 16 and over) registered at the end of the year who are near or prospectively blind or who are substantially handicapped in obtaining or keeping employment.

		Age at end of year	Persons near and prospectively blind			Other persons sub- stantially handi- capped in obtain- ing or keeping employment		
			Male (1)	F'male (2)	Total (3)	Male (4)	F'male (5)	Total (6)
Employed persons		1. 16—20 ..	..	..	..	..	..	..
		2. 21—49 ..	4	1	5	..	..	..
		3. 50—64 ..	..	2	2	..	..	..
		4. 65 and over ..	..	..	..	..	..	..
		5. Total ..	4	3	7	..	..	..
Persons undergoing training		6. 16—20 ..	..	..	..	..	..	..
		7. 21—49 ..	..	..	..	..	..	..
		8. 50—64 ..	..	..	..	..	..	..
		9. 65 and over ..	..	..	..	..	..	..
		10. Total ..	..	..	..	..	..	..
Persons not in employment and not under training	Actively seeking and capable of training or work	11. 16—20 ..	..	1	1	..	..	..
		12. 21—49 ..	..	..	..	..	..	..
		13. 50—64 ..	..	..	..	..	..	..
		14. 65 and over ..	..	..	..	..	..	..
		15. Total ..	..	1	1	..	..	..
	Others	16. 16—20 ..	2	2	4	..	..	..
		17. 21—49 ..	1	3	4	..	..	..
		18. 50—64 ..	10	25	35	..	..	..
		19. 65 and over ..	..	..	..	..	..	..
		20. Total ..	13	30	43	..	..	..
TOTAL		21. 16—20 ..	..	1	1	..	..	..
		22. 21—49 ..	6	3	9	..	..	..
		23. 50—64 ..	1	5	6	..	..	..
		24. 65 and over ..	10	25	35	..	..	..
		25. Total ..	17	34	51	..	..	..

Table 32.
Blind children aged 5-15 registered at end of year.

	Male (1)	Female (2)	Total (3)
1. Attending special schools for the partially sighted	5	2	7
2. Attending other special schools	..	..	..
3. Attending ordinary schools	..	1	1
4. Not at school but receiving home tuition	..	..	..
5. Suitable for education at school but not receiving education	..	..	..
6. Unsuitable for education at school	..	..	..
Total	5	3	8

Table 33.
Follow-up of Registered Blind Persons
January 1st—December 31st, 1970.

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
1. No. of cases registered during the year in respect of which sect. F of Form B.D.8 recommends :—					
(a) No Treatment ..	3	2	—	4	9
(b) Treatment (medical, surgical or optical) ..	—	1	—	4	5
Total	3	3	—	8	14
2. No. of cases at 1(b) above which on follow up action have received treatment	—	—	—	2	2

Table 34.
Follow-up of Registered Partially Sighted Persons.
January 1st—December 31st, 1970.

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
1. No. of cases registered during the year in respect of which sect. F of Form B.D.8 recommends :—					
(a) No Treatment ..	1	—	—	2	3
(b) Treatment (medical, surgical or optical) ..	—	—	—	—	—
Total	1	—	—	2	3
2. No. of cases at 1(b) above which on follow up action have received treatment	—	—	—	1	1

Table 35.
Registers of Handicapped Persons on 31st December 1970.

Age	Sex	Number of persons on register at 31st December, 1970					Number of persons whose names were added to the register during the year ended 31st Dec., 1970				
		Deaf with speech (1)	Deaf without speech (2)	Hard of hearing (3)	General Classes (4)	Total (5)	Deaf with speech (6)	Deaf without speech (7)	Hard of hearing (8)	General Classes (9)	Total (10)
Under 16	M	..	2	21	40	63	..	..	..	1	1
	F	..	1	20	32	53	..	2	..	1	3
16—29	M	4	7	17	58	86	..	1	..	2	3
	F	2	7	20	53	82	..	..	..	3	3
30—49	M	3	8	14	61	86	..	..	..	3	3
	F	2	8	2	68	80	..	..	..	4	4
50—64	M	1	8	6	90	105	..	..	..	7	7
	F	..	8	4	113	125	..	..	..	8	8
65 or over	M	1	5	5	60	71	..	..	..	10	10
	F	1	5	17	121	144	..	..	..	10	10
Total		14	59	126	696	895	..	3	..	49	52

Table 36.
General Classes of Handicaps.

Major handicaps	Age					Total
	under 16	16-29	30-49	50-64	65 or over	
1. Amputation	1	1	4	25	10	41
2. Arthritis or rheumatism	—	5	14	43	71	133
3. Congenital malformation or deformities	12	4	6	4	5	31
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	8	8	8	20	25	69
5. Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	9	8	9	18	23	67
6. Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	34	76	80	72	43	305
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6	—	2	1	5	5	13
8. Tuberculosis (respiratory)	—	—	—	1	—	1
9. Tuberculosis (non-respiratory) ..	—	—	1	—	—	1
10. Diseases and injuries not specified above	8	3	5	10	8	34
11. Total	72	107	128	198	190	695

Table 37.
Home Help Service — Cases.

1970	Existing	New	Terminated	No. being assisted at the end of the month
January ..	918	37	35	920
February ..	920	30	10	940
March	940	40	26	954
April	954	36	30	960
May	960	20	17	963
June	963	38	36	965
July	965	28	20	973
August	973	33	22	984
September ..	984	26	24	986
October	986	56	38	1004
November ..	1004	32	27	1009
December ..	1009	31	33	1007

Table 38.
Notifiable Infectious Diseases — Notifications, 1961-1970.

Disease	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Anthrax	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	131	258	73	23	88	44	467	78	146	73
Encephalitis (Acute) ..	1	1	—	—	—	1	—	—	1	—
Food Poisoning	13	14	16	9	6	16	25	9	78	41
Infectious Hepatitis ..	58	35	44	34	28	23	65	52	482	135
† Leprosy	—	—	—	—	—	1	—	—	1	1
* Leptospirosis	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	1	—	1	1	—	—	—	—
Measles	802	1698	312	1548	422	1541	279	593	64	783
Meningitis Acute	1	2	—	—	1	—	—	2	—	2
Ophthalmia Neonatorum ..	2	3	—	1	1	2	1	3	1	1
Paratyphoid Fever	—	1	—	—	—	—	—	—	—	—
Poliomyelitis (Acute) ..	4	—	—	—	—	—	—	—	—	—
Scarlet Fever	54	36	46	56	91	78	62	28	28	43
Smallpox	—	—	—	—	—	—	—	—	—	—
* Tetanus	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Pulmonary ..	49	45	48	46	40	36	55	50	28	41
Tuberculosis, Non-Pulmonary	7	5	6	9	7	11	12	5	8	20
Typhoid Fever	—	—	—	—	—	—	4	1	1	—
Whooping Cough	23	22	20	100	2	33	54	16	18	46
* Yellow Fever	—	—	—	—	—	—	—	—	—	—

*Notifiable only since 1st October, 1968.

†Locally notifiable since 1st March, 1966.

Table 39.
Cervical Cytology, 1970 — Analysis of Attendances.

Age —					Under 25	25-29	30-34	35-39	40-44	45-49	Over 50	Total
					29	75	118	139	141	117	130	749
Married	..	..	..	..	27	74	117	138	140	115	129	740
Single	..	..	..	..	2	1	1	1	1	2	1	9
Social Class 1					—	3	3	1	3	3	5	18
2					3	5	12	9	19	14	17	79
3					19	54	75	104	95	79	65	491
4					5	2	7	13	11	8	15	61
5					1	6	15	9	7	7	10	55
Not known					1	5	6	3	6	6	18	45
					29	75	118	139	141	117	130	749
Parity 0					3	4	5	7	7	6	14	46
1					9	9	15	12	17	26	21	109
2					11	29	39	41	38	28	46	232
3					5	22	21	34	29	25	26	162
4					1	8	15	20	19	8	10	81
5					—	3	15	14	20	11	6	69
6					—	—	4	8	5	2	2	21
7					—	—	4	3	6	11	5	29
					29	75	118	139	141	117	130	749

Table 40.
Cervical Cytology, 1970 — Analysis of Findings.

				Age Group															
				Under 25	25-29	30-34	35-39	40-44	45-49	50 +	Total								
FINDINGS ON EXAMINATION																			
Normal	...	...	...	18	48	83	96	103	86	98	532								
Abnormal—Cancerous	...	...	...	1	1	—	—	—	—	—	2								
Gynaecological	...	...	...	7	21	21	25	19	16	23	132								
Infections	...	...	...	4	11	21	22	22	18	11	109								
GYNAECOLOGICAL CONDITIONS																			
Chronic Cervicitis and Erosions				7	21	21	24	16	10	11	110								
Cervical Polypus	...	...	...	—	—	1	1	3	6	11	22								
Fibroids	...	...	...	—	—	—	—	—	—	—	—								
Other conditions	...	...	...	—	—	—	—	—	—	—	—								
INFECTIONS																			
Trichomonas Vaginitis	...	...	...	—	2	6	9	7	7	4	35								
Monilia	...	...	...	2	4	8	5	5	2	—	26								
Leptothrix	...	...	...	—	—	—	—	—	—	—	—								
Non-specific	...	...	...	2	5	7	8	10	6	9	47								
A — GYNAECOLOGICAL CONDITIONS.																			
B — INFECTIONS																			
Parity				Under 25		25-29		30-34		35-39		40-44		45-49		50 +		Total	
				A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
0	...	...	—	1	—	—	1	—	3	1	1	1	—	—	1	3	6	6	
1	...	...	3	—	3	—	2	—	2	3	1	4	5	4	7	2	23	13	
2	...	...	3	2	9	3	6	6	8	3	9	7	4	4	7	3	46	28	
3	...	...	1	1	7	7	4	4	8	5	4	3	4	4	3	1	31	25	
4	...	...	—	—	1	1	5	7	1	6	—	2	—	1	4	2	11	19	
5	...	...	—	—	1	—	2	2	—	2	2	5	1	2	1	—	7	11	
6	...	...	—	—	—	—	1	—	2	2	—	—	—	—	—	—	3	2	
7+	...	...	—	—	—	—	—	2	1	—	2	—	2	3	—	—	5	5	
				7	4	21	11	21	21	25	22	19	22	16	18	23	11	132	109

Table 41.
Preston County Borough.
Sexually Transmitted Diseases—New Cases.

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Gonorrhoea	173	179	184	187	131	153	232	168	181	174
Syphilis	11	19	19	16	21	2	3	8	4	9

Table 42.
Tuberculosis Notifications, 1970.

Age groups (years)	No. of initial Notifications of new cases of Tuberculosis													
	0–	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75–	Total all ages
Respiratory, Males	—	—	—	—	2	2	4	4	1	3	3	5	2	26
Respiratory, Females	—	—	1	1	—	—	3	4	2	1	2	1	—	15
Non-Respiratory, Males	—	—	1	—	—	5	2	2	1	—	—	—	—	11
Non-Respiratory, Females	—	—	—	—	—	3	1	1	4	—	—	—	—	9

Table 43. Tuberculosis Register.

	Respiratory			Non-respiratory			Total Cases
	Male	Female	Total	Male	Female	Total	
Number of cases on the Register 31st December, 1970 (includes 2 cases transferred in)	260	185	445	51	63	114	559
Number of cases removed from the Register during 1970.							
1. Withdrawal of notifica- tion	—	—	—	—	—	—	—
2. Recovery from the disease... ..	6	6	12	2	—	2	14
3. Deaths (all causes) ...	4	—	4	—	1	1	5
4. Outward Transfers ...	6	1	7	1	—	1	8
5. Other reasons (e.g. no trace)	—	—	—	—	—	—	—

Table 44.
B.C.G. Vaccination of thirteen-year-old school children.

			Number Tested	Number Positive	Percentage of Number tested found Positive
1954	...	...	925	249	26.9
1955	...	...	1,037	253	24.4
1956	...	...	1,039	286	27.5
1957	...	...	982	269	27.4
1958	...	...	1,071	245	22.9
1959	...	...	1,033	190	18.4
1960	...	...	1,492	265	17.76
1961	...	...	1,512	272	17.99
1962	...	...	1,454	296	20.36
1963	...	...	1,241	319	20.93
1964	...	...	1,241	239	19.26
1965	...	...	1,309	226	17.27
1966	...	...	1,375	177	12.8
1967	...	...	1,385	240	17.3
1968	...	...	1,466	239	16.3
1969	...	...	1,482	230	15.5
1970	...	...	1,581	259	16.4

Table 45.
Immunisation — Triple Antigen.
Complete Primary Courses for Children under 5 years.

				Year of Birth						Total
				1965	1966	1967	1968	1969	1970	
Annual Births				2,031	1,956	1,865	1,860	1,771	1,776	
YEAR OF IMMUNISATION	1965			471						471
	1966			962	373					1,335
	1967			110	974	466				1,550
	1968			52	386	856	50			1,344
	1969			18	37	365	815	25		1,260
	1970			13	14	56	423	775	23	1,304
Total				1,626	1,784	1,743	1,288	800	23	7,264
% Immunised as at 31.12.70				81 %	91 %	94 %	69 %	45 %		

Table 46.
Immunisation, 1969 — Children under 16 years.

	Number of Completed Primary Courses	Number of Re-inforcing Doses
Diphtheria	1,448	1,339
Whooping Cough	1,308	24
Tetanus	1,452	1,449
Poliomyelitis	1,517	1,457
Measles	1,306	—
Rubella	777	—

Table 47.
Immunisation.
Poliomyelitis — Completed Primary Courses.
(Oral Vaccine commenced April, 1962).

		Year of Birth								
		1962	1963	1964	1965	1966	1967	1968	1969	1970
Annual Births ..		2,210	2,070	2,152	2,031	1,956	1,865	1,860	1,771	1,776
YEAR OF IMMUNISATION	1962	217	—	—	—	—	—	—	—	—
	1963	1,156	240	—	—	—	—	—	—	—
	1964	154	1,120	289	—	—	—	—	—	—
	1965	146	207	1,210	386	—	—	—	—	—
	1966	23	31	51	1,002	274	—	—	—	—
	1967	80	40	58	102	1,146	345	—	—	—
	1968	36	15	17	30	63	579	26	—	—
	1969	37	33	17	19	37	384	850	20	—
	1970	16	38	50	22	23	143	464	675	21
Total ..		1,865	1,724	1,692	1,561	1,543	1,451	1,340	695	21
% Immunised as at 31.12.70		84%	83%	79%	77%	79%	78%	72%	39%	

Table 48.
Immunisation.
Measles.

(commenced 1st May, 1968).

YEAR OF IMMUNISATION	Year of Birth																	Total
	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970		
	Annual Births	1832	1843	1933	1864	1964	2023	2037	2210	2070	2152	2031	1956	1865	1860	1771	1776	
	1968 ..	139	198	168	219	180	298	313	406	327	301	359	450	325	8	—	—	3,691
	1969 ..	6	4	8	6	6	5	7	6	22	75	101	115	192	125	5	—	683
	1970 ..	1	1	1	3	1	3	2	2	9	23	35	68	131	598	404	4	1,306
	Total	146	203	177	228	187	306	322	414	358	399	515	633	648	731	409	4	5,680

Table 49.
Immunisation — Rubella.

Year of Birth	1951	1952	1953	1954	1955	1956	1957	Total
Annual Births	1,962	1,960	1,914	1,823	1,832	1,843	1,933	
Pilot Survey (April-Sept., 1970) ..	1	4	11	28	44	65	25	178
Routine Immunisation (commenced Oct., 1970)	—	—	—	—	—	233	408	641
Total	1	4	11	28	44	298	433	819

Table G.
Defects found at periodic and special inspections.

Defect or Disease	Periodic inspections		Special inspections	
	Number of defects		Number of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	79	63	3	2
Eyes (a) Vision	687	225	14	1
(b) Squint	109	37	8	1
(c) Other	8	35	2	1
Ears (a) Hearing... ..	112	98	3	3
(b) Otitis Media	33	66	1	1
(c) Other	53	40	2	—
Nose or Throat	207	279	10	3
Speech	20	57	3	—
Lymphatic Glands	3	64	—	1
Heart	32	53	3	3
Lungs	74	82	2	—
Developmental (a) Hernia	26	11	—	—
(b) Other... ..	39	65	5	2
Orthopaedic (a) Posture	15	172	—	1
(b) Feet	31	144	1	1
(c) Other... ..	67	31	1	1
Nervous system (a) Epilepsy	7	7	1	1
(b) Other	51	40	4	3
Psychological (a) Development	15	78	—	1
(b) Stability	8	63	1	2
Abdomen	13	56	1	1
Other... ..	77	107	7	8
Total	1,766	1873	72	37

**Table H.
School Population.**

Type of School	No. of Schools	No. on Roll
Primary	35	11,194
Secondary Comprehensive	9	6,349
Secondary Grammar	5	2,845
Special (Day)	3	273
Special Classes (1)	—	8
Nursery School	1	98
Total	53	20,767

**Table I.
Head-Louse Infestation.**

	Boys	Girls	Total
Number of examinations in schools by nurses during 1970	28,320	29,466	57,786
Number of individual pupils found to have head-louse infestation	634	1,014	1,648
Number of pupils inspected 1st January – 27th March	6,798	6,355	13,153
Number of these pupils with head-louse infestation ..	416	675	1,091
Percentage found to have head-louse infestation ..	6.12%	10.62%	8.29%

**Table J.
Disposition of Handicapped Pupils at the end of 1970.**

Classification	Total No.	Special School		Home Teaching	Ord. School	No. School
		Day	Resid.			
Blind	1	—	1	—	—	—
Partially sighted	8	3	4	—	1	—
Deaf	21	13	8	—	—	—
Partially hearing	31	7	4	—	19	1
Educationally subnormal	71	52	8	—	11	—
Epileptic	4	1	3	—	—	—
Maladjusted	29	22	6	—	1	—
Physically handicapped	42	37	1	4	—	—
Delicate	53	52	—	—	1	—
Speech defect	118	—	—	—	118	—
Total	378	187	35	4	151	1

Work carried out at E.N.T. Clinics.

Operative—Tonsils and adenoids	...	...	...	...	...	40
„ other nose and throat conditions	...	...	...	...	...	5
„ diseases of the ear	...	...	...	...	...	61
Audiometry tests	...	...	...	...	...	386
Attendances for treatment by Clinic Nurse...	...	...	...	...	...	66

Work carried out at Ophthalmic Clinics.

[illegible]

Table M.
Mental Testing — Education Act, 1944, Sections 34 and 57.
Children Ascertained.

						Number of Children
1	Ascertained as educationally normal	..	..	..	..	18
	Recommendations —					
	remain at ordinary school	..	..	..	6	
	admission to school for partially sighted pupils	..	..	..	1	
	admission to Special Unit, Open Air School (PH)	..	..	..	3	
	admission to residential school for partially hearing pupils	..	..	..	2	
	remain at Royal Cross School for the Deaf	..	..	..	1	
	remain at Soss Moss School for Epileptics	..	..	..	1	
	transfer to Open Air School (PH) from Open Air School (E.S.N.)	..	..	..	3	
	return to ordinary school from Open Air School (E.S.N.)	..	..	..	1	
2.	Ascertained as educationally subnormal	..	..	..	..	21
	Recommendations —					
	special day school for E.S.N.	..	..	..	14	
	residential special school for E.S.N.	..	..	..	3	
	to continue at Open Air School (E.S.N.)	..	..	..	4	
3.	Ascertained as mentally subnormal and reported under Section 57(4) Education Act, 1944 as amended by Section 11 of the Mental Health Act, 1959	..	..	..	..	8
	Recommendations —					
	to attend Junior Training Centre	..	..	..	6	
	to attend Spastics Centre	..	..	..	1	
	to attend Special Unit, Open Air School (PH)	..	..	..	1	
4.	Previously reported as mentally subnormal under the above Acts	..	..	..	..	3
	Recommendations —					
	to attend Junior Training Centre	..	..	..	2	
	to attend ordinary School	..	..	..	1	
Total						49

Table N.
Dental Inspection and Treatment.

1. INSPECTIONS:					
(a)	Number of pupils first inspected at school	..	..	..	6,771
(b)	Number of pupils first inspected at clinic	..	..	..	449
	Number found to require treatment	..	..	..	3,863
	Number offered treatment	..	..	..	2,945
(c)	Number re-inspected at school or clinic	..	..	..	198
	Number of these found to require treatment	..	..	..	102
2. SESSIONS:					
	Sessions devoted to treatment	..	..	..	776
	Sessions devoted to inspection	..	..	..	56
	Sessions devoted to Dental Health Education	..	..	..	—
3. ATTENDANCES AND TREATMENT:					
Visits: first	..	..	..	..	1,978
subsequent	..	..	..	..	3,068
Total	..	..	..	..	5,046
	Additional course of treatment commenced	..	..	..	143
Fillings: permanent teeth	..	..	..	..	2,350
deciduous teeth	..	..	..	..	1,631
No. of teeth filled: permanent teeth	..	..	..	..	1,970
deciduous teeth	..	..	..	..	1,537
Extractions: permanent teeth	..	..	..	..	544
deciduous teeth	..	..	..	..	1,560
General anaesthetics	..	..	..	..	707
Emergencies	..	..	..	..	489
Other forms of treatment	..	..	..	..	306
Courses of treatment completed	..	..	..	..	1,668
4. ORTHODONTICS:					
	Cases remaining from previous year	..	..	..	40
	New cases commenced during year	..	..	..	27
	Cases completed during year	..	..	..	30
	Cases discontinued during year	..	..	..	6
	Number of removable appliances fitted	..	..	..	40
	Number of fixed appliances fitted	..	..	..	6
	Pupils referred to Hospital Consultant	..	..	..	—
5. PROSTHETICS:					
	Number of pupils supplied with dentures	..	..	..	15
	Number of dentures supplied	..	..	..	15

Table O.
Audiology Clinic, 1970.

NEW CASES ATTENDED				0—1	1—5	5—15
Referred by	Paediatrician	...	...	3	19	—
	Assistant School Medical					
	Officers	...	...	1	8	—
	Health Visitors	...	...	1	12	—
	E.N.T. Dept.	...	...	—	1	1
	G.P.	...	...	—	—	—
Total	...	...	...	5	40	1
REFERRED TO E.N.T.						
	Hearing Loss	...	...	—	1	—
	Other Causes	...	...	—	3	—
Total	...	...	...	—	4	—
FOR CONTINUED OBSERVATION						
	Speech Defects	...	...	—	9	—
	Mentally Retarded	...	...	—	—	—
	Other Causes	...	...	—	4	—
Total	...	...	...	—	13	—
Discharged	...	...	...	5	23	1
CASES REVIEWED - PREVIOUSLY ATTENDED IN 1969						
Total Number Reviewed	...	...	...	—	20	3
Discharged	...	...	...	—	6	1
Hearing Loss	...	...	...	—	—	—
Referred E.N.T.	...	...	...	—	6	2
Speech Defects	...	...	...	—	5	—
Mentally Retarded	...	...	...	—	1	—
Other Causes	...	...	...	—	2	—

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